

# Required for Public Way Use Permits

ONLY CERTIFICATES WITH ALL THE REQUIRED INFORMATION COMPLETED EXACTLY AS INDICATED BELOW WILL BE ACCEPTED



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date  
certificate  
is issued

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER AND THE CERTIFICATE HOLDER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<p>PRODUCER</p>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No, Ext): <span style="float: right;">FAX (A/C, No):</span></p> <p>E-MAIL:</p> <p>ADDRESS:</p> <hr/> <p style="text-align: center;">INSURER(S) AFFORDING COVERAGE <span style="float: right;">NAIC #</span></p> <p>INSURER A : _____</p> <p>INSURER B : _____</p> <p>INSURER C : _____</p> <p>INSURER D : _____</p> <p>INSURER E : _____</p> <p>INSURER F : _____</p>
<p style="background-color: #0070C0; color: white; padding: 2px;">Insured name and address <b>must match</b> the legal name and business location address listed on the City of Chicago Public Way Use Permit Application</p>	<p style="background-color: #0070C0; color: white; padding: 2px;">Insurer must be authorized to insure in Illinois</p>

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<p><b>COMMERCIAL GENERAL LIABILITY</b></p> <p><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC                      OTHER: _____</p>		Provide active policy number			Must provide 1 year coverage - including or starting on the date of permit term	Commercial general liability insurance with limits of not less than \$1,000,000, per occurrence, combined single limit, for bodily injury, personal injury and property damage
	<p><b>AUTOMOBILE LIABILITY</b></p> <p><input type="checkbox"/> ANY AUTO  <input type="checkbox"/> ALL OWNED AUTOS  <input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS  <input type="checkbox"/> NON-OWNED AUTOS</p>						
	<p><b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR  <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE</p> <p>DED: _____ RETENTION \$: _____</p>						
	<p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The following statement **must be included** in this "DESCRIPTION" section:  
 The City of Chicago, its agents and employees are listed as additional insured in regards to ... (list all specific public way use(s) and location(s) here).

**CERTIFICATE HOLDER** **CANCELLATION**

BACP **must be listed** as Additional Insured:  
 City of Chicago  
 Department of Business Affairs and Consumer Protection  
 121 N. LaSalle St., Rm. 805  
 Chicago, IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

Must indicate **10 days** advance written notice

AUTHORIZED REPRESENTATIVE

Signature of **Authorized Representative**

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