CERTIFICATE OF LIABILITY INSURANCE

DATE MM/DD/YY

PRODUCER	
Name & Address of Insurance Agency	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED	**INSURERS AFFORDING COVERAGE**
Name & Address of the insured	INSURER A: Name of Insurance Carrier with a "Best Rating" of an A or better
	INSURER B:
	INSURER C:
	INSURER D:

COVERAGES

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	GENERAL LIABILITY	Policy Number	Policy	Period	Each Occurrence $ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				Fire Damage $ 100,000
	CLAIMS MADE / OCCUR				Medical Expense $ 5,000
					Personal & Adv Injury $ 1,000,000
					General Aggregate $ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				Products-Comp/Op Agg $ 1,000,000
	POLICY / PROJECT / LOC				
	OTHER: Host Liquor Liability at specific location (if applicable)				Required Limits

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The following is included as an additional insured: City of Hillsboro, Its elected and Appointed Officials, Officers, Agents, Employees, and Volunteers. **Must list City as Additional Insured with Endorsement.**

CERTIFICATE HOLDER	CANCELLATION
City of Tualatin 18880 SW Martinazzi Ave. Tualatin, **OR 97**062	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
Required	**AUTHORIZED REPRESENTATIVE** **Signature Required**

Note: Continue to second page for additionally insured document example.

POLICY NUMBER: _____ COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Required

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s)
City of Tualatin Event Location: Event Date: _____ Event Name: _____ City of Tualatin, 18880 SW Martinazzi Ave., Tualatin, OR 97062 Additional Insured: The City of Tualatin and its officers, agents, volunteers, employees, and its elected officials.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.