



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/10/2024

## COI EXAMPLE

Items highlighted below must be on the COI in order to complete the Contractor Registration.

PRODUCER	CONTACT NAME:	
	PHONE:	
INSURED	EMAIL:	
	ADDRESS:	
	INSURER B : INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
		NAIC #

COVERAGES      CERTIFICATE NUMBER: 24-25 GL AU UM WC POLL      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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<b>X</b>	ZH7325	01/27/2024	01/27/2025	<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 1,000,000 <input type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 <input type="checkbox"/> MED EXP (Any one person) \$ 10,000 <input checked="" type="checkbox"/> PERSONAL & ADV INJURY \$ 1,000,000 <input checked="" type="checkbox"/> GENERAL AGGREGATE \$ 1,000,000 <input checked="" type="checkbox"/> PRODUCTS - COMP/OP AGG \$ 1,000,000 <input type="checkbox"/>
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> Coll: 1000 <input checked="" type="checkbox"/> Comp: 1000			ZH7325	01/27/2024	01/27/2025	<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 <input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/>
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZH7325	01/27/2024	01/27/2025	<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 1,000,000 <input checked="" type="checkbox"/> AGGREGATE \$ 1,000,000 <input type="checkbox"/>
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	ZH7325	01/27/2024	01/27/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER <input checked="" type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 <input checked="" type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ 500,000 <input checked="" type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Pollution Liability			G71552627005	08/09/2023	08/09/2024	<input type="checkbox"/> Occurrence Limit 1,000,000 <input type="checkbox"/> Aggregate Limit 1,000,000

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

City of Oakbrook Terrace is included as an Additional Insured with respect to General liability when required by written contract. "It is hereby understood and agreed that this policy may not be canceled nor the intention not to renew be stated until 30 days after receipt by the City, be registered mail or certified mail, return receipt request, of a written notice addressed to the City Administrator of such intent to cancel or not to renew.

CERTIFICATE HOLDER	CANCELLATION
City of Oakbrook Terrace 17W275 Butterfield Rd Oakbrook Terrace, IL 60181	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 