

This certificate shall be submitted no later than 2 weeks prior to the event.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
DATE

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 BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, 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).

PRODUCER AGENCY NAME ADDRESS CITY STATE ZIP	CONTACT NAME: AGENT NAME	PHONE (A/C. No. Ext): PHONE NUMBER		FAX (A/C. No.): FAX NUMBER
	E-MAIL ADDRESS: EMAIL			
INSURED NAME INSURED ADDRESS CITY STATE ZIP	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: INSURANCE COMPANY			CODE
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>GENERAL LIABILITY</b>			12345652	DATE	DATE	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$ 5,000
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$ 1,000,000
	ANY AUTO <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS <input type="checkbox"/>						BODILY INJURY (Per person) \$
	HIRED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS <input type="checkbox"/>						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/>						AGGREGATE \$
	OCCUR <input type="checkbox"/>						
	CLAIMS-MADE <input type="checkbox"/>						
	DED <input type="checkbox"/>						
	RETENTION \$ <input type="checkbox"/>						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
<p><b>"HOST LIQUOR" - THIS MUST BE INCLUDED ON YOUR POLICY WHEN ALCOHOL WILL BE SERVED OR SOLD AT YOUR EVENT.</b></p>							

**POLICY EFFECTIVE AND EXPIRATION DATES MUST COVER ENTIRE CONTRACTED PERIOD. THIS INCLUDES MOVE-IN, EVENT, AND/OR MOVE-OUT DAYS.**

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

**CERTIFICATE HOLDER**

**CANCELLATION**

**TX - CITY OF PASADENA  
P.O. BOX 672  
PASADENA, TEXAS 77501**

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  
SIGNATURE OF AGENT

Occupant or event coordinator shall be required to obtain a policy of insurance that covers **at least** the limits specified above, from a company authorized to do business in the State of Texas.