



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
MM/DD/YYYY

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 INSURANCE AGENT/BROKER NAME INSURANCE AGENT/BROKER STREET ADDRESS OR P.O. BOX INSURANCE AGENT/BROKER CITY, STATE & ZIP CODE	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <td style="width: 80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : NAME OF INSURANCE COMPANY</td> <td>ENTER #</td> </tr> <tr> <td>INSURER B : NAME OF INSURANCE COMPANY (if applicable)</td> <td>ENTER #</td> </tr> <tr> <td>INSURER C : NAME OF INSURANCE COMPANY (if applicable)</td> <td>ENTER #</td> </tr> <tr> <td>INSURER D : NAME OF INSURANCE COMPANY (if applicable)</td> <td>ENTER #</td> </tr> <tr> <td>INSURER E : NAME OF INSURANCE COMPANY (if applicable)</td> <td>ENTER #</td> </tr> <tr> <td>INSURER F : NAME OF INSURANCE COMPANY (if applicable)</td> <td>ENTER #</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : NAME OF INSURANCE COMPANY	ENTER #	INSURER B : NAME OF INSURANCE COMPANY (if applicable)	ENTER #	INSURER C : NAME OF INSURANCE COMPANY (if applicable)	ENTER #	INSURER D : NAME OF INSURANCE COMPANY (if applicable)	ENTER #	INSURER E : NAME OF INSURANCE COMPANY (if applicable)	ENTER #	INSURER F : NAME OF INSURANCE COMPANY (if applicable)	ENTER #
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : NAME OF INSURANCE COMPANY	ENTER #														
INSURER B : NAME OF INSURANCE COMPANY (if applicable)	ENTER #														
INSURER C : NAME OF INSURANCE COMPANY (if applicable)	ENTER #														
INSURER D : NAME OF INSURANCE COMPANY (if applicable)	ENTER #														
INSURER E : NAME OF INSURANCE COMPANY (if applicable)	ENTER #														
INSURER F : NAME OF INSURANCE COMPANY (if applicable)	ENTER #														
INSURED INSURED NAME (RENTER) RENTER STREET ADDRESS RENTER CITY, STATE & ZIP CODE															

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	GENERAL LIABILITY			ENTER POLICY #	Start Date	End Date	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						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
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident)	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$
	DED	RETENTION \$					AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ENTER POLICY #	Start Date	End Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

TOWNSHIP HIGH SCHOOL DISTRICT #214 IS INCLUDED AS ADDITIONAL INSURED ON A PRIMARY & NON-CONTRIBUTORY BASIS WITH RESPECT TO LIABILITY FOR USE OF THEIR FACILITIES.

MUST ATTACH AS REQUIRED BY WRITTEN CONTRACT: WAIVER OF SUBROGATION AND FORM CG2026.

CERTIFICATE HOLDER TOWNSHIP HIGH SCHOOL DISTRICT #214 2121 S GOEBBERT RD ARLINGTON HEIGHTS, IL 60005-4205	CANCELLATION 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
---	--