

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2015

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).

CONTACT

AGENT NAME

	AGENCY NAME 123 MAIN ST BURBANK CA 91502	PHONE (A/C, No, Ext): (A/C, No): E-MAIL (A/C, No, Ext): (A/C, No): ADARESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: INSURANCE COMPANY NAME	12345
2	INSURED NAME	INSURER B:	
	123 MAIN ST	INSURER C:	
	BURBANK CA 91502	INSURER D:	
		INSURER E:	
		INSURER F :	
	COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A	TO WHICH THIS
	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAV		
	LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER	(MM/DD/YYYY) (MM/DD/YYYY) LIMITS	<u> </u>
	GENERAL LIABILITY	DAMAGE TO DELITED	1,000,000
	X COMMERCIAL GENERAL LIABILITY	PREMISES (Ea occurrence) \$	300,000
	CLAIMS-MADE X OCCUR X		10,000
	A POLICY NUMBER	01/30/2015 01/30/2016 PERSONAL & ADV INJURY \$	1,000,000
		GENERAL AGGREGATE \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		2,000,000
	POLICY PRO- LOC	11000010 - 001111/01 /100 \$	
	AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT	
		(Ea accident) \$	
	ANY AUTO ALL OWNED SCHEDULED	BODILY INJURY (Per person) \$	
	AUTOS AUTOS NON-OWNED	BODILY INJURY (Per accident) \$	
	HIRED AUTOS AUTOS AUTOS	PROPERTY DAMAGE (Per accident) \$	
		\$	
	UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE	AGGREGATE \$	
	DED RETENTION \$	S	
	WORKERS COMPENSATION	WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY	TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$	
	(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remark	s Schedule, if more space is required)	
·	Certificate Holder is Also an Additional Insured		
	CERTIFICATE HOLDER	CANCELLATION	
	ADDITIONAL INSURED NAME		
	123 MAIN ST	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CAN	
	BURBANK CA 91502	THE EXPIRATION DATE THEREOF, NOTICE WILL BE	DELIVERED IN
		ACCORDANCE WITH THE POLICY PROVISIONS.	
		AUTHORIZED REPRESENTATIVE	
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ACORD 25 (2010/05)

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- 1. PRODUCER: Insurance Agent/Broker who issues certificate.
- 2. **NAME OF INSURED:** Must be the legal name of contracting party.
- 3. **TYPES OF INSURANCE:** Must include types required by contract.
- 4. NAME ADDITIONAL INSURED: Zion Park District must be listed specifically as "Additional Insured".
- 5. **CERTIFICATE HOLDER:** The entity to which the certificate has been sent or issued to.
- 6. POLICY EFFECTIVE DATE: Must be prior or coincidental with the first day of the event.
- 7. **POLICY EXPIRATION DATE:** Must be on or after the last day of the event.
- 8. **LIMITS OF INSURANCE:** Must be \$1million each occurrence and \$2million aggregate.