

City of Mesa SAMPLE Insurance Policy

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

Insurance Company, Inc.  
12345 E. First Street  
Anytown, AZ 80000  
Phone: 480-555-1234 Fax: 480-555-5678

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

Lessee of City-Owned Property (Company Name)  
Contact Person/Owner/President Name  
123 E. Main St.  
Anytown, AZ 80000

INSURERS AFFORDING COVERAGE

INSURER A: ABC Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	ABC123456  (TBA is not acceptable- actual policy number must be listed)	10/10/10	10/10/11	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS -COMP/OP AGG \$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
						OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		GARAGE LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> ANY AUTO				AGGREGATE \$
		EXCESS/UMBRELLA LIABILITY				\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
		<input type="checkbox"/> DEDUCTIBLE RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE-EA EMPLOYEE \$
						E.L. DISEASE-POLICY LIMIT \$
		OTHER				

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

THE CITY OF MESA, ARIZONA, ITS EMPLOYEES, OFFICIALS, VOLUNTEERS, OFFICERS, AGENTS AND ELECTED OFFICIALS ARE NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED.

PLEASE ATTACH ADDITIONAL INSURED ENDORSEMENT ISO CG 2024 (11/85), OR ITS EQUIVALENT.

10 DAYS NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER

C

ANCELLATION

HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

City of Mesa

Parks and Recreation Department  
200 S Center St, Bldg 1  
Mesa, AZ 85210  
FAX: (480)644-3369

DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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.

AUTHORIZED REPRESENTATIVE

John Doe

John Doe

Policy Number: XXXXXXXXXX

Name of organization Insured

CG

Commercial General liability

20 26 07 04

**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

**SCHEDULE**

Name of Additional Insured Person(s) Or Organization(s)
<b>City of Mesa</b> <b>Parks and Recreation Dept.</b> <b>200 S Center St, Bld 1</b> <b>Mesa, AZ 85210</b>
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” 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.