



# 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 have ADDITIONAL INSURED provisions or 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 <b>Producer</b>	CONTACT NAME: <b>XXXXXXXXXX</b>	FAX (A/C, No):
	PHONE (A/C, No, Ext): <b>###-###-####</b>	
	E-MAIL ADDRESS: <b>email@address.com</b>	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>Insurer Info</b>	
INSURED <b>Insured</b>	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	

### COVERAGES

CERTIFICATE NUMBER: W20706603

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 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
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	***** <b>REQUIRED</b>	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ <b>\$1,000,000 minimum</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>\$1,000,000 minimum</b> MED EXP (Any one person) \$ <b>Excluded</b> PERSONAL & ADV INJURY \$ <b>\$1,000,000 minimum</b> GENERAL AGGREGATE \$ <b>\$1,000,000 minimum</b> PRODUCTS - COMP/OP AGG \$ <b>\$1,000,000 minimum</b> \$
<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			***** <b>If event uses vehicles for business purpose.</b>	MM/DD/YYYY	MM/DD/YYYY	COMBINED SINGLE LIMIT (Ea accident) \$ <b>\$500,000 minimum</b> BODILY INJURY (Per person) \$ <b>\$250,000 minimum</b> BODILY INJURY (Per accident) \$ <b>\$500,000 minimum</b> } <b>OR</b> PROPERTY DAMAGE (Per accident) \$ <b>\$100,000 minimum</b> \$
<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$				MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ <b>\$5,000,000 minimum</b> AGGREGATE \$ <b>\$5,000,000 minimum</b> \$
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			***** <b>When organizer carries WC insurance.</b>	MM/DD/YYYY	MM/DD/YYYY	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <b>\$100,000 minimum</b> E.L. DISEASE - EA EMPLOYEE \$ <b>\$100,000 minimum</b> E.L. DISEASE - POLICY LIMIT \$ <b>\$500,000 minimum</b>
<input type="checkbox"/>	<b>Other policies as applicable:</b>  <b>Liquor Liability, etc.</b>			*****	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ <b>\$500,000 minimum</b> AGGREGATE \$ <b>\$500,000 minimum</b>


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

Name or description of event (if single event)

Village of Ashwaubenon, and its officers, board members, agents, employees, and authorized volunteers shall be Additional Insured.

### CERTIFICATE HOLDER

### CANCELLATION

<b>Village of Ashwaubenon</b> 2155 Holmgren Way Ashwaubenon, WI 54304	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  

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