

**Westminster Public Schools – Certificate of Liability Insurance Requirements**

Licensees: please provide this sample certificate to your insurance agent or broker. Certificates provided to Westminster Public Schools (WPS) for the purposes of facility rental must mirror this sample exactly.

<b>ACORD®</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (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			CONTACT NAME:			
LICENSEE'S INSURANCE BROKER NAME & ADDRESS			PHONE (A/C, No, Ext):		FAX (A/C, No):	
			E-MAIL ADDRESS:			
INSURED			INSURER(S) AFFORDING COVERAGE		NAIC #	
			INSURER A : NAME(S) OF INSURER(S) AFFORDING COVERAGE FOR LICENSEE'S OPERATIONS			
			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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY					EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$
	AUTOMOBILE LIABILITY					PRODUCTS - COMPIOP AGG \$
	<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					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR				\$
		<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
		DED. RETENTION \$				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A		WC STATU-TORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below					OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
(PROVIDE THE NAME, DATE, AND LOCATION OF LICENSEE'S EVENT OCCURRING IN A WPS FACILITY)						
WESTMINSTER PUBLIC SCHOOLS, ITS OFFICERS, AGENTS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED IN RESPECT TO THE POLICIES OF THE INSURED.						
CERTIFICATE HOLDER			CANCELLATION			
WESTMINSTER PUBLIC SCHOOLS 7002 RALEIGH STREET WESTMINSTER, CO 80030			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			

All groups renting a WPS facility are required to carry Commercial General Liability Insurance

Include policy number(s) provided by Insurer(s) Affording Coverage

Only additional insured language in this box

Verify correct name and address of Certificate Holder

Policy limits must be equal to or greater than \$1,000,000 as required in the rental contract

Policy start date must be prior to effective date of the rental contract and not expire prior to final event date

**NOTE: QUALIFYING LANGUAGE SUCH AS "SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY" AND "IF REQUIRED PER WRITTEN CONTRACT" CANNOT BE ADDED. IF ANY ADDITIONAL LANGUAGE IS ADDED, THE CERTIFICATE WILL BE REJECTED. IF THESE REQUIREMENTS CANNOT BE COMPLIED WITH, CLIENT WILL BE REFUSED A FACILITY RENTAL CONTRACT WITH WESTMINSTER PUBLIC SCHOOLS.**