



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/17/2018

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 Agency Name Address Info	CONTACT NAME AND CONTACT INFORMATION CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Entity Name Entity Address Info Entity City ST	INSURER A: A VII or Higher Rated Ins. Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 76881662

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		00-00-00	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
Box A							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> AUTOS ONLY	Y		00-00-00	1/1/2019	1/1/2020	BODILY INJURY (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
Box B							
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		00-00-00	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
Box C							
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	00-00-00	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
Box D							

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

{School District Name} is named as additional insured on a primary and non-contributory basis on the above referenced liability coverages as their interests may appear except for workers compensation. Umbrella or Excess Liability provides follow form coverage.

Box E**CERTIFICATE HOLDER****CANCELLATION**

School District Name
 School District Address
 School District City ST

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

Recommended/Required Insurance

During the term of this Agreement, the Consultant, at its sole cost and expense, and for the benefit of School District, shall carry and maintain the following insurance:

- **Box A:** Commercial General Liability Coverage
 - “Each Occurrence” limit should be at least \$1,000,000
 - Unless the Entity is doing a long-term lease of district space the “Damage to Rented Premises” limit is not of concern
 - “Medical Expense” is a good will payment that is used by an insurer to help avoid litigation and cover non-major medical treatment resulting from a covered loss. Many entities with self-insured retentions will exclude this which is fine, however it is good to initially ask for as it can help avoid a simple slip & fall from turning into a lawsuit.
 - “Personal & Advertising Injury” limit should be at least \$1,000,000
 - “General Aggregate” limit should be at least \$2,000,000
 - “Products – Comp/Op Aggregate” limit should be at least \$1,000,000 when vendors are providing a product or “finished service” (ex. Contractor replaces a building roof). Generally, this would not be of concern for facilities usage

- **Box B:** Commercial Auto Liability Coverage- Not needed unless the services being provided involve the individual driving on behalf of the district
 - For facilities usage this would only apply if the entity owns vehicles that they will be using on district premises as part of their facilities usage (rarely the case)
 - Very important for contracted out transportation of students. For vendors being contracted to transport students the “Combined Single Limit” should be at least \$2,000,000. In cases where it is only \$1,000,000 the vendor must have an Umbrella or Excess policy of at least \$5,000,000 (see below Box C)

- **Box C:** Commercial Umbrella or Excess Liability Coverage
 - For basic facilities usage this is generally not needed as many smaller groups will only have a General Liability policy and cannot afford an Umbrella/Excess as well.
 - For facilities use for larger events it is advisable the “Each Occurrence” and “Aggregate” be at least \$1,000,000
 - For transportation vendors the “Each Occurrence” and “Aggregate” limit must be at least \$5,000,000 if the limit in Box B above is only \$1,000,000
 - For contractors and other vendors it is always advisable to consult your broker on what limit may be best depending on the services being provided

- **Box D:** Workers Compensation Coverage
 - For basic facilities usage this is generally not needed, however if the entity has any

- employees (not including volunteers) this coverage should be shown
 - The “Per Statute” box should be checked
 - For vendors the three “E.L.” boxes should have limits of \$500,000 for each box
 - For contractors the three “E.L.” boxes should have limits of \$1,000,000 for each box
- **Sexual Misconduct Coverage-** *Always required if working with students*
 - per occurrence of One Million Dollars (\$1,000,000) and One Million Dollar (\$1,000,000) general aggregate
 - Any vendor who is contracted by the district to provide a service that involves interaction with district students should have a sentence noting the above reference General Liability coverage does not contain any exclusions for Sexual Misconduct (ex. Transportation vendor, custodial firm, contracted occupational therapist)
- **Box E:** This is a Description of Operations Section
 - Any entity using facilities or vendor contracted to do work for the district should have a sentence in this box naming your district as an additional insured on a primary and non- contributory basis (wording example shown on certificate)

Certificate Holder:
 Skokie School District 69
 5050 Madison St.,
 Skokie, IL 60077

- If the entity is providing Umbrella or Excess Liability coverage there should be a note indicating the Umbrella or Excess Liability provide follow form coverage (i.e. it does not exclude anything the underlying coverages are covering)