



DENVER THE MILE HIGH CITY

# City and County of Denver Certificate of Insurance

Permittees, please provide this sample certificate to your insurance agent or broker  
Certificates must mirror this sample

**Note the Additional Insured special instructions below**

**ACORD** CERTIFICATE OF LIABILITY INSURANCE 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: Insurance Broker Name & Address

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ (A/C, No, Ext): \_\_\_\_\_ (A/C, No): \_\_\_\_\_ E-MAIL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

INSURER(S) AFFORDING COVERAGE: \_\_\_\_\_ NAIC #: \_\_\_\_\_

INSURER A: \_\_\_\_\_

INSURER B: \_\_\_\_\_

INSURER C: \_\_\_\_\_

INSURER D: \_\_\_\_\_

INSURER E: \_\_\_\_\_

INSURER F: \_\_\_\_\_

INSURED: Permittee's Legal Name and Address

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	ADOL	SUBR	INSE	W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY								EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (EA occurrence) \$
	CLAIMS MADE								MED EXP (Any one person) \$
	PERSONAL & ADV INJURY								PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT POLICY PER YEAR								PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY								PROPERTY DAMAGE - BODILY INJURY (Per accident) \$
	ANY AUTO								BODILY INJURY (Per person) \$
	ALL OWNED AUTOS								BODILY INJURY (Per accident) \$
	HIRED AUTOS								PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB								EACH OCCURRENCE \$
	EXCESS LIAB								AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								WE STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT \$
	DESCRIPTION OF OPERATIONS below								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)

The City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured with respects to the Commercial General Liability, and Business Auto policies.

CERTIFICATE HOLDER: City and County of Denver, 201 W Colfax Ave, Denver, CO 80202

CANCELLATION: 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: \_\_\_\_\_

Permittee's Legal Name

Types of insurance required

If other insurance (Excess Umbrella for example) is required, please list it here

Only additional insured language in this box\*

Verify correct address & contact information

Policy limits must be same or greater than required in the contract

Policy start date must be prior to effective date of the contract

\*The 'description' box must only contain the following additional insured language:  
"The City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured" with regards to the appropriate policies ONLY.

QUALIFYING LANGUAGE SUCH AS "SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY" and "IF REQUIRED PER WRITTEN CONTRACT" CAN NOT BE ADDED.

DO NOT ATTACH ADDITIONAL INSURED ENDORSEMENTS OR POLICIES

If any additional language is added, the certificate will be rejected. If the requirements can not be complied with, we reserve the option to deny issuance of permits or other requests.