CERTIFICATE OF INSURANCE REQUIREMENTS FOR CITY OF AURORA EVENTS

A current certificate of insurance issued specifically for the event you are applying for must be received by our office. The following is required:

1) City of Aurora **must** be added as a Certificate Holder. Must read as follows:

   City of Aurora
   Attn: Risk Management
   15151 E Alameda Pkwy Ste 3500
   Aurora, CO 80012

2) City of Aurora **must** be added as an Additional Insured with the following wording included in the Description of Operations Box:

   City of Aurora, its elected and appointed officials, employees and volunteers are named as Additional Insured.

3) The **required** insurance limits are **$1,000,000 per occurrence and $2,000,000 million aggregate**. These limits must be stated on the certificate.

4) The name, date and location of the event you are applying for **must** be indicated on the certificate in the Description of Operations box.

5) The named insured **must** match the name of the person/organization applying for the Temporary Use Permit and/or the vendor application if a City of Aurora event.

Please Note: Due to the nature of certain events, an Event Policy that specifically covers the event you are applying for may be required. Please contact the City of Aurora - Risk Management, should you have questions or concerns regarding this.

For City of Aurora Hosted/Sponsored events:

If you will be participating in an event hosted/sponsored by the City of Aurora, proof of Worker's Compensation is also required. If you are exempt from carrying Worker's Compensation, we may require that a Worker's Compensation waiver be signed in place of proof of Worker's Compensation.

City of Aurora - Risk Management: 15151 E Alameda Pkwy Ste 3500, Aurora, CO 80012
Phone: 303.739.7225 Fax: 303.739.7509 Email: jclairmo@auroragov.org

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

AGENT
ADDRESS
PHONE NUMBER

CONTACT NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : INSURER'S NAME	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

INSURED'S NAME OR EVENT NAME
ADDRESS
PHONE NUMBER

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY			xxx000			EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 1,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS						BODILY INJURY (Per accident)	$
	[X] SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	$
	[ ] HIRED AUTOS							$
	[ ] NON-OWNED AUTOS							$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DEDUCTIBLE							$
	[ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			xxx000			[ ] WC STATUTORY LIMITS [ ] OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ]	N/A					E.L. EACH ACCIDENT	$ Per
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below						E.L. DISEASE - EA EMPLOYEE	$ State
							E.L. DISEASE - POLICY LIMIT	$ Requirements
	Liquor Liability/Host Liquor Liability	X		xxx000			$1,000,000	

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

Additional Insured must read as follows: CITY OF AURORA, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED.

*In addition to the above, please also include the event name and dates in the Description of Operations box.

CERTIFICATE HOLDER

City of Aurora
ATTN: Risk Management
15151 E Alameda Pkwy, Ste 3500
Aurora, CO 80012

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

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