

## **INSURANCE REQUIREMENTS AND MINIMUM LIMITS – Streebery Permits**

A streebery requires that a Certificate of Insurance be provided showing Commercial General Liability insurance that includes the City of Raleigh as additional insured with limits determined by the City's Risk Management Division. The permit applicant(s) shall purchase and maintain this insurance, providing coverage for the permit with an insurance company authorized to do business in the State of North Carolina.

The Certificate of Insurance showing current Commercial General Liability insurance must list the City of Raleigh as an additional insured by the specific additional insured endorsement CG 20 12 07 98. The insurance must protect the City of Raleigh, its officers, officials, employees and agents from any and all claims for damages to property and/or bodily injury which may result from or in connection with any of the operations carried on by the private use. The City's Risk Management Division must receive a copy of all certificates of insurance for all coverages before a permit will be issued.

### **Commercial General Liability**

Per Occurrence: \$2,000,000

Personal & Advertising Injury \$2,000,000

Products/Completed Ops. \$2,000,000

General Aggregate \$4,000,000

### **Additional Insured Status**

The permit applicant(s) agrees to list the City of Raleigh as additional insured by specific additional insured endorsement CG 20 12 07 98 to the Commercial General Liability. Certificate of Insurance should state, in the "Description of Operation" section: The City of Raleigh, its officers, employees and agents are listed as an additional insured by the CG 20 12 07 98 endorsement OR the actual completed CG 20 12 07 98 endorsement must be provided with the Certificate of Insurance.

### **Certificate of Insurance**

The permit applicant(s) agrees to provide the City of Raleigh a Certificate of Insurance evidencing current Commercial General Liability limits and CG 20 12 07 98 endorsement required herein are maintained and in full force and effect.

**The Certificate Holder address should read:** City of Raleigh, PO Box 590, Raleigh, NC 27602-0590



# CERTIFICATE OF LIABILITY INSURANCE

HOPSC-2

OP ID: AT

DATE (MM/DD/YYYY)

08/12/2014

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).

<b>PRODUCER</b>  Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact & Phone Number	<b>CONTACT NAME:</b> Name		
	<b>PHONE (A/C, No, Ext):</b> Phone Number	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> Email Address		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Name of Insurance Company	Enter NAIC#	
<b>INSURED</b>  Company Name Company Street Address or P.O. Box Company City, State & Zip Code	<b>INSURER B :</b> Name of Insurance Company (if applicable)	Enter NAIC#	
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			Enter Policy #	Effective Date	Expiration Date	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ included/amount
A	<b>AUTOMOBILE LIABILITY</b> - check all that apply <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **COLOR KEY - COI example form**

Yellow: required limits for all permit applicants

This must read:

The City of Raleigh, its officers, employees, and agents are listed as additional insured on the specific endorsement CG 20 12 07 98.

**CERTIFICATE HOLDER**

City of Raleigh  
 P.O. Box 590  
 Raleigh, NC 27602

**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

Signature of authorized representative

© 1988-2010 ACORD CORPORATION. All rights reserved.

## **ADDITIONAL INSURANCE GUIDELINES AND DEFINITIONS**

*Defined terms correspond to specific sections of the Certificate of Insurance (COI). Questions? Contact City of Raleigh Risk Management Division, 919-996-4956*

**Producer:** This information will be the contact information for the insurance broker or carrier. Please ensure the contact name and phone number is included in case contact is needed to clarify or ask questions concerning the COI.

**Insured:** This information will be the name and contact information of the named insured on the insurance policies. This should match the **exact name of the permit applicant** requesting the Private Use of Public Spaces Permit.

**Insurer(s) Affording Coverage:** This section will list the names of the insurance companies providing insurance coverage to the insured. The NAIC # is a number assigned to each individual underwriting company by the National Association of Insurance Commissioners.

**Coverages:** All COIs should have the minimum insurance requirements for the Commercial General Liability insurance.

- Insured Letter
- Type of Insurance
- Policy Effective Date
- Policy Expiration Date
- Policy Number
- Additional Insured
- Limits

Policy coverage must remain in force during the permit period.

Only Risk Management is allowed to lower the limits or waive insurance requirements.

### **Description of Operations/Locations**

- A description of the purpose of the request for use of public space should be listed in the description of operations for identification purposes.
- **The City of Raleigh should be listed as an additional insured by the endorsement CG 20 12 07 98 for Commercial General Liability.**

**Certificate Holder:** Per standard COR contract, the Certificate Holder address should read as follows:

- City of Raleigh  
PO Box 590  
Raleigh, NC 27602-0590