



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2024

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.

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PRODUCER	CONTACT NAME:	
	PHONE:	
	EMAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBERS 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. NOT WITHSTANDING 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.

	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL LIABILITY INSURANCE CLAIMS-MADE OCCUR GENL AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC OTHER				5/1/2024	5/1/2025	EACH OCCURANCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (EACH OCCURANCE)	\$ 1,000,000
							MED EXP (ANY ONE PERSON)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EA ACCIDENT)	
	ANY AUTO						BODILY INJURY (PER PERSON)	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (PER ACCIDENT)	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (PER ACCIDENT)	
	UMBRELLA LIAB OCCUR						EACH OCCURANCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				5/1/2024	5/1/2025	PER STATUTE OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

The policy must be current. →

Policy limits must comply with City requirements

HOST LIQUOR LIABILITY APPLIES PER POLICY FROM BP0003 07-13, AVAILABLE REQUEST CERTIFICATE HOLDER IS ADDITIONAL ISSURED FOR GENERAL LIABILITY PER THE ITEMS AND CONDITIONS OF POLICY TERM BP0446 07-13 AVAILABLE UPON REQUEST.

Host Liquor Liability is required if your event includes alcohol.

CERTIFICATE HOLDER City of Bozeman & State of Montana PO Box 1230 Bozeman, MT 59771-1230	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

The City of Bozeman (and State of Montana if applicable) must be named as an additional insured. An endorsement page for the additional insured is also required. See the example endorsement page as well.