

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
[REDACTED]

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> [REDACTED]	<b>CONTACT NAME:</b> [REDACTED] <b>PHONE (A/C, No. Ext):</b> [REDACTED] <b>E-MAIL ADDRESS:</b> [REDACTED]
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>NAIC #</b>	
<b>INSURER A:</b> [REDACTED]	
<b>INSURER B:</b> [REDACTED]	
<b>INSURER C:</b> [REDACTED]	
<b>INSURER D:</b> [REDACTED]	
<b>INSURER E:</b> [REDACTED]	
<b>INSURER F:</b> [REDACTED]	

SAMPLE

**CERTIFICATE NUMBER:** [REDACTED]      **REVISION NUMBER:** [REDACTED]

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 APPLICABLE, 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	TYPE OF INSURANCE	ADDL SU	DSD WA	POLICY NUMBER	POLICY (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY		X	[REDACTED]	[REDACTED]	[REDACTED]	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ [REDACTED] \$ [REDACTED] \$
A	AUTOMOBILE LIABILITY			[REDACTED]	[REDACTED]	[REDACTED]	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$
	UMBRELLA LIAB      OCCUR EXCESS LIAB      CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ [REDACTED] \$
	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					PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 City of Wyandotte: Downtown Development Authority and Wyandotte Farmers Market are named as Additional Insured in respect to General Liability where required by written contract and for work performed by the named insured.

**CERTIFICATE HOLDER**

City of Wyandotte  
 Downtown Development Authority  
 3200 Biddle Avenue, Suite 300  
 Wyandotte, MI 48192

**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**  
 [REDACTED]