#### **INSURANCE DOCUMENTS:**

### **Certificate of Insurance (See example to follow)**

- The applicant hereby files Certificate of Insurance by a company authorized to do business in the State of Illinois, certifying that the applicant has in force and effect insurance required by the Village of Huntley, and agrees to maintain said insurance for the duration of this licensing period.
- Liquor Liability Insurance of not less than \$1,000,000.00 per occurrence and \$2,000,000.00 annual aggregates.
- General Liability Insurance of not less than \$1,000,000.00 per occurrence and \$2,000,000.00 annual aggregates.
- Certificate shall contain a provision that states that the insurance coverage is in conformity to the requirements of the Dram Shop Act or Illinois and that said insurance is not able to be canceled unless at least thirty (30) days prior written notice is given to the Village of Huntley.
- The certificate must be valid for current license year. New certificates must be submitted when renewed throughout the year.
- The Insurance Certificate **must** name the Village of Huntley as an additional insured.
- Must be the original document (copies will not be accepted).

# **Proof of Best Policy Holding Rating**

• Proof that the applicant's insurance company has a Best policyholder rating of at least a B+. (This can be obtained from your insurance agent.)

## **Surety Bond**

- Financial surety bond must be in the amount of \$1,000.00
- The bond must be valid for current license year. Updated certificates must be submitted when renewed throughout the license year.
- Must be the original document (copies will not be accepted)



INSURANCE COMPANY

PRODUCER

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/16/2018

FAX (A/C, NO):

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(kes) must have ADDITIONAL INSURED provisions or 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).

CONTACT

PHONE (A/C, NO, EXT):

				E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC#
INSURED					INSURER A:					
LIQUOR LICENSE HOLDER					INSURER B:					
LIQUOR LICENSE HOLDER					INSURER C:					
					INSURER D:					
					INSURER E:					
					INSURER F	:				
COVE					NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	×						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
Α						06/01/2018	08/01/2019	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY PROJECT LOC							PRODUCTS - COMP/OP AC	G \$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per persor	) \$	
	OWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per accide	+	
	HIRED AUTOS NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE			
	EXCESS LIAB CLAIMS-MADE	<b>I</b>						AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTHE	\$	
	AND EMPLOYERS 'LIABILITY  ANY PROPRIETOR / PARTNER / Y/N							EL. EACH ACCIDENT		
	EXECUTIVE OFFICER/MEMBER	N/A						EL DISEASE - EA EMPLOY	= 4	
	EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF						7			
	OPERATIONS below						E.L. DISEASE - POLICY LIMI	\$		
Α	LIQUOR LIABILITY					06/01/2018	06/01/2019	COMBINED SINGLE LIMIT		\$1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
INSUF	RANCE CO is an "A" Best rated compa	ny.								
The V	olicy includes Liquor Liability coverage illage of Huntley is listed as an addition	tor \$1,00	00,000; tl	his insurance cover	rs the Dra	m Shop.				
THE V	mage of Functey is listed as all addition	ai iiisure	u.,							
CERTIFICATE HOLDER					CANCELLATION					
VILLAGE OF HUNTLEY					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
10987 MAIN ST HUNTLEY, IL 60142					AUTHORIZED REPRESENTATIVE					