# CITY OF SAINT PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
**Visit our Web Site at www.stpaul.gov/dsi**

# Understanding the ACORD Certificate of Liability Insurance

1. TYPE OF ACORD CERTIFICATE We will accept ACORD 24 or 25.

2. PRODUCER Insurance Agent/ Broker who issues certificate.

3. NAME OF INSURED Legal name of contracting party.

4. TYPES OF INSURANCE Must include liability insurance.(Can be personal.)

5. DESCRIPTION OF OPERATIONS Indicate what the certificate is for (i.e., barbed wire fence, sign, awning) and Address.

6. CERTIFICATE HOLDER The City of Saint Paul must be listed as certificate holder using this address. This designation ensures the city will be notified if the policy is cancelled before the expiration date.

7. PRODUCER CONTACT INFORMATION Insurance agency contact and phone, fax, or email.

7. INSURANCE UNDERWRITER

8. POLICY EFFECTIVE DATE & EXPIRATION DATE Must be valid and in place.

9. LIMITS OF INSURANCE Must be a minimum of $1,500,000 liability per MN Statute 466.04

10. POLICY NUMBER

11. AUTHORIZED REPRESENTATIVE Must be signed by insurance representative.

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2018

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 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).

PRODUCER
JOHN DOE'S INSURANCE AGENCY
100 JACKSON STREET, SUITE 100
SAINT PAUL, MN 55101-1806

CONTACT NAME: Insurance Contact
PHONE (A/C, No, Ext): 111-111-1111 FAX (A/C, No): 111-111-1111
E-MAIL ADDRESS: insurance.contact@insuranceagency.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Saint Paul's Best Insurance Underwriter | 0001 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
JOHN DOE Applicant
111 WABASHA STREET
SAINT PAUL, MN 55101

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---|---|---|---|---|---|---|---|
| X | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE ☐ OCCUR<br>X Liability<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY ☐ PRO-JECT ☐ LOC<br>OTHER: | | | 000000001 | 1/1/2018 | 1/1/2019 | EACH OCCURRENCE $1,500,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) $<br>MED EXP (Any one person) $<br>PERSONAL & ADV INJURY $<br>GENERAL AGGREGATE $<br>PRODUCTS - COMP/OP AGG $ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY ☐ SCHEDULED AUTOS<br>HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) $<br>BODILY INJURY (Per person) $<br>BODILY INJURY (Per accident) $<br>PROPERTY DAMAGE (Per accident) $ |
| | UMBRELLA LIAB ☐ OCCUR<br>EXCESS LIAB ☐ CLAIMS-MADE<br>DED ☐ RETENTION $ | | | | | | EACH OCCURRENCE $<br>AGGREGATE $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | ☐ PER STATUTE ☐ OTH-ER<br>E.L. EACH ACCIDENT $<br>E.L. DISEASE - EA EMPLOYEE $<br>E.L. DISEASE - POLICY LIMIT $ |

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

Ex. The City of Saint Paul shall be indemnified against liability arising from the (describe encroachment, ex. awning-mounted sign) into the public right-of-way, in accordance with Sec. 33.08 of the Saint Paul Legislative Code.

CERTIFICATE HOLDER
City of Saint Paul
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806

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
*Insurance Representative*

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

## The ACORD Certificate of Insurance

"A certificate of insurance is a document that provides information about insurance policies. Millions of insurance certificates are issued every year, primarily in the United States. The majority of certificates are issued upon policy renewal to provide this information to third parties. These third parties are known as certificate requestors/ holders. Generally speaking, certificates list one or more lines of insurance, the limits associated with those coverages, and the insurer providing coverage." –acord.org