

## INSTRUCTIONS FOR INSURANCE CERTIFICATES

The following are **requirements** for Insurance Certificates for caterers preparing food on site and providers of inflated rides, dunk tanks, etc.

1. The section "Description of Operation/Locations..." **must contain the following:**

- **Additional Insured – General Liability: Charter Township of Shelby, all elected and appointed officials, all employees and volunteers, all Boards, Commissions and/or authorities and their Board members, employees, and volunteers.**
- *Please include: Event date, Shelter name and group name.*

2. The section "Certificate Holder" **must contain the following:**

- **Charter Township of Shelby  
52700 Van Dyke Avenue  
Shelby Township, MI 48316**

3. The section "Cancellation" **must show the stricken text and insert "30" days to read as follows:**

- Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will ~~endeavor to mail~~ **30** days written notice to the certificate holder named to the left, ~~but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.~~

4. The certificate must be sent to the PRM Department **directly from the insurance company.**

Your compliance with these requirements will avoid unnecessary delays in approving your requests.

Please provide these instructions along with the ACORD form example to your insurance carrier. For further questions, please contact:

**Charter Township of Shelby-PRM Department  
52700 Van Dyke Avenue  
Shelby Township, MI 48316  
Phone: 586-731-0300  
Fax: 586-726-7228  
Email: [shelbyprm@shelbytwp.org](mailto:shelbyprm@shelbytwp.org)  
Website: [www.shelbytwp.org](http://www.shelbytwp.org)**

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

9/8/2008

PRODUCER  
**INSURING AGENCY**  
**AGENCY ADDRESS**  
**AGENCY CITY, STATE & ZIP CODE**  
**AGENCY PHONE NUMBER & AGENT'S NAME**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
**Business Name**  
**Business Address**  
**Business City, State, Zip Code**  
**Business Phone Number**

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: <b>Major Insurance Company</b>	
INSURER B: Any Additional Major Insurance Companies	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**  
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	Policy Number	Policy Eff.Date	Policy Exp.Date	EACH OCCURRENCE \$ <b>Ins. Limit</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>Ins. Limit</b>
	AUTOMOBILE LIABILITY <input 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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				BODILY INJURY (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
					EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
					WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Additional Insured with regard to General Liability is Shelby Charter Township, All Elected and Appointed Officials, All Employees and Volunteers, All Boards, Commissions and/or Authorities and their Board Members, Employees and Volunteers**  
**\*Please include event date, shelter name and group name\***

**CERTIFICATE HOLDER**  
 Certificate Holder is Additional Insured:  
 Shelby Charter Township  
 52700 Van Dyke Ave.  
 Shelby Twp., MI 48316

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BY REGISTERED MAIL TO THE ADDRESS SHOWN ON THIS CERTIFICATE~~  
 AUTHORIZED REPRESENTATIVE