

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

	certificate holder in lieu of such endors	emer	nt(s).								
PRODUCER						CONTACT NAME:					
					PHONE						
						E-MAIL ADDRESS:					
	113611						SURER(S) AFFOR	DING COVERAGE		NAIC #	
					INSURER A:						
INSURED					INSURER B:						
					INSURER C:						
						INSURER D:					
Vendor					INSURER E:						
						INSURER F:					
CO	VERAGES CERTI	FICAT	TF NU	JMBER:				REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES OF				EN ISSU	JED TO THE II	NSURED NAMI		PER	RIOD	
IN	IDICATED. NOTWITHSTANDING ANY REQUI	REME	ENT, T	ERM OR CONDITION OF AN'	Y CONT	RACT OR OT	HER DOCUME	NT WITH RESPECT TO WHI	CH TI	HIS	
C	ERTIFICATE MAY BE ISSUED OR MAY PERT	AIN,	THE IN	ISURANCE AFFORDED BY T	HE POL	LICIES DESCF	RIBED HEREIN	IS SUBJECT TO ALL THE TE	RMS	,	
INSR LTR	XCLUSIONS AND CONDITIONS OF SUCH PO	ADDL	SUBR WVD	MILO SUOMNIMAL UNA PER	EN REL	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$	1,000,000	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)			
									\$	5,000	
	CLAIMS-MADE   OCCUR	V	V					MED EXP (Any one person)	\$	3,000	
		Y	Y					PERSONAL & ADV INJURY	\$	2,000,000	
	OFAIL ACCRECATE LIMIT APPLIES DED.							GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						15	PRODUCTS - COMP/OP AGG	\$	2,000,000	
_	POLICY PROJ- ECT LOC	_	+-					COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
1	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							✓ WC STATU- TORY LIMITS ER			
-	ANY PROPRIETOR/PARTNER/EXECUTIVE	l					1	E.L. EACH ACCIDENT	\$	100,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	Y				<b>(</b>	E.L. DISEASE - EA EMPLOYEE	\$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
_	BESSIAN FIGHT OF ENVIRONCE BEIGN										
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach A	ACORD 101, Additional Remarks	Schedul	e, if more space	is required)				
The	City of Orange City and Orange City Ragbra	ai, Inc	are n	named additional insureds wi	ith rega	rds to liability	associated wit	the Des Moines Register F	Ragbr	ai.	
	rance shall be primary and not excess over							TOTAL CONTRACTOR AND ADDRESS OF THE PARTY OF			
81111111111111111111111111111111111111	三二十二十二世。第1945年 1月 NY 1日 数2 使用的数字数别或图像			AND THE RESIDENCE OF THE PARTY							
CE	RTIFICATE HOLDER				CANC	ELLATION					
	ATT TOTAL TIVEDEN				J						
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
Orange City Ragbrai, Inc.						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
509 8th Street SE					ACCORDANCE WITH THE POLICY PROVISIONS.						
						AUTHORIZED REPRESENTATIVE					
Orange City 1A 51041					ACTIONALD REPRODUCTIVE						