

# Sample Certificate of Insurance

Food vendors, equipment operators, festival contractors and others posing a medium risk profile or higher must provide a certificate of insurance to Blue Ridge Pride naming the City of Asheville as Certificate Holder. **These must be delivered to [vendor@blueridgepride.org](mailto:vendor@blueridgepride.org) 16 days ahead of the festival.**

Contractor or vendor providing service to the city

Insurance company providing coverage.  
(can be multiple companies providing different lines, ie. Insurer A: for general liability; Insurer B: for worker's Comp)

Policy Number & Effective Dates

ACORD 25		CERTIFICATE OF LIABILITY INSURANCE		OP ID - JN CITAS-1	DATE (MM/DD/YYYY) 04/01/13	
<b>PRODUCER</b> Insurance Service of Asheville P. O. Box 530 Asheville NC 28802 Phone: 828-253-1668 Fax: 828-258-8164			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.			
<b>INSURED</b> ABC Construction 101 Main Street Asheville NC 28802			<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>	
			INSURER A: Travelers Insurance Company	10677		
			INSURER B: Zurich Insurance Company	2127		
			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.						
INSR ADD'L TR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC.	TIC 00012345	04/01/13	04/01/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMVOP AGG \$ 2,000,000
A	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TIC 00023456	04/01/13	04/01/14	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	TIC 00045678	04/01/13	04/01/14	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	TIC 00045678	04/01/13	04/01/14	<input checked="" type="checkbox"/> SOC/STAT/ TORY LIMITS <input type="checkbox"/> OTR PR E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B		Prof/Pollution	XYZ 00012345	04/01/13	04/01/14	\$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS The City of Asheville is added as additional insured for general liability and auto liability.						
<b>CERTIFICATE HOLDER</b> City of Asheville PO Box 7148 Asheville NC 28802			<b>CANCELLATION</b> 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Jonathan S. Nelson			
ACORD 25 (2001/08)			© ACORD CORPORATION 1988			

City shown as Certificate Holder

City of Asheville must be shown as additional insured for General and Auto Liability

Medium Risk Profile