

SAMPLE 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).

PRODUCER	CONTACT Agents contact info	
	PHONE FAX (A/C, No, Ext): (A/C, No):	
Broker name and address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Carrier name	####
INSURED	INSURER B:	1
Licensee Legal Entity name and address	INSURER C: All required insurance shall be procured from insurance	ce
Licensee Legal Entity name and address (exactly as listed in contract)	INSURER D: companies authorized to do business in the State of In	idiana
(exactly as listed in contract)	INSURER E: and having an A.M. Best Rating of A-(7) (or better).	
	INSURER F:	

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.

	XCLUSIONS AND CONDITIONS OF SUCH			LIIVII I O ONOVIN IVIA I HAVE DEEN I				
INSR LTR			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	GENERAL LIABILITY			Policy Number	effective date	expiration date	EACH OCCURRENCE	\$1,000,000
×	× COMMERCIAL GENERAL LIABILITY	×		i olicy Nullibel			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5000
			×	~			PERSONAL & ADV INJURY	\$1,000,000
			^				GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC							\$
×	AUTOMOBILE LIABILITY	×		Policy Number	effective date	expiration date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO			r elley realiser			BODILY INJURY (Per person)	\$
	X ALL OWNED SCHEDULED AUTOS		×				BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	× UMBRELLA LIAB × OCCUR			Policy Number	effective date	expiration date	EACH OCCURRENCE	\$2,000,000
×	EXCESS LIAB CLAIMS-MADE	×	×				AGGREGATE	\$2,000,000
	DED RETENTION \$							\$
×	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		Policy Number	effective date	expiration date	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		×	. Sincy Harrison			E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
I								

The Capital Improvement Board of Managers of Marion County (as Licensor), the Marion County Convention and Recreational Facilities Authority ("MCCRFA"), the Indiana Stadium and Convention Building Authority ("ISCBA") and their officers, board members, agents, employees and representatives (as their interests may appear) are Additional Insureds on a Primary and Non- contributory basis if required by written contract with respect to General Liability, Automobile Liability and Umbrella Liability per the terms and conditions of the policy. A waiver of subrogation applies in favor of The Capital Improvement Board of Managers of Marion County, Indiana (as Licensor), the Marion County Recreational Facilities Authority (MCCRFA),

the Indiana Stadium and Convention Building Authority (ISCBA), and their officers, board members, agents and employees (as their interest may appear) if required by written contract with respect to General Liability, Automobile Liability, Umbrella Liability, and Workers' Compensation per the terms and conditions of the policy where permitted by state law.

Umbrella Coverage is excess of General Liability, Auto Liability and Employer's Liability on a follow form basis.

Capital Improvement Board of Managers
of Marion County, Indiana
100 South Capital Avenue Indianapolis,
IN 46225-1071

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

CANCELLATION

Representatives signature

CERTIFICATE HOLDER