

City of Star
River House Parking Lot

CERTIFICATE OF INSURANCE

This is to certify that the policies of insurance listed below have been issued to:

(Name and address of insured)

By the _____
(Name and address of insurance company)

Description of contract:

| Type of Coverage | Limits of Liability | Policy Number | Expiration Date |
|--|---------------------|---------------|-----------------|
| 1. Workmen's Compensation | | | Statutory |
| 2. <u>Employers' Liability (Each accident)</u> | \$ _____ | | Property |
| | Bodily Injury | | Damage* |
| 3. Comprehensive General Liability | | | |
| A. Premises & Operations | \$ _____ | | \$ _____ |
| B. Blanket Contractual Independent | \$ _____ | | \$ _____ |
| C. Subcontractors | \$ _____ | | \$ _____ |
| D. Completed Operations | \$ _____ | | \$ _____ |
| 4. Comprehensive Automobile Liability (owned, hired & non-owned) | \$ _____ | | \$ _____ |

Expires 12:01 AM standard time at the address of named insured stated herein.

*Indicate the following property damage liability features

- | | Yes | No |
|--|-----|----|
| 1. "Broadform" including occurrence and care, custody, and control | | |
| 2. Explosion, collapse, and underground damage exclusions | | |

The insurer agrees that it will notify in writing, the City of Star of any material change, expiration, or cancellation of the above described policies not less than 30 days before such change, expiration, or cancellation becomes effective. It is further agreed the above-named Owner, his officers, agents and employees are included as additional named insureds but only as respects the performance of the above described contract.

(Name of insurance company)

Date of issue: _____

(Authorized Representative)