

HOLDING AN EVENT IN THE TOWN OF ULSTER WITH ALCOHOL

- HERE IS WHAT IS REQUIRED -

-

AT LEAST 10 DAYS PRIOR TO YOUR EVENT, PROVIDE THE TOWN CLERK WITH A COPY OF YOUR INSURANCE POLICY:

- 1. OBTAIN AN INSURANCE POLICY FROM ANY INSURANCE COMPANY**
- 2. THESE INSURANCE POLICIES ARE SOMETIMES REFERRED TO AS: EVENT POLICY, ALCOHOL POLICY**
- 3. THE INSURANCE POLICY MUST HAVE A \$1,000,000 RIDER**
- 4. INSURANCE POLICY MUST COVER THE DATE OF YOUR EVENT**
- 5. THE INSURANCE POLICY MUST NAME THE TOWN OF ULSTER AS AN ADDITIONAL INSURED, USING THIS NAME AND ADDRESS:**

**TOWN OF ULSTER
1 TOWN HALL DRIVE
LAKE KATRINE, NY 12449**

DO NOT! USE THE TOWN PARK ADDRESS !!

- 6. SUBMIT THE INSURANCE POLICY IN PERSON OR VIA EMAIL TO:
TOWNCLERK@TOWNOFULSTER.NY.GOV**
- 7. THE TOWN OF ULSTER DOES NOT CHARGE A SEPARATE FEE FOR THE USE OF ALCOHOL; HOWEVER YOU WILL HAVE TO PAY FOR THE INSURANCE POLICY THROUGH THE INSURANCE COMPANY OF YOUR CHOICE.**
- 8. NO INSURANCE POLICY? NO ALCOHOL.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/30/2015

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
AGENCY NAME
123 MAIN ST
BURBANK CA 91502

CONTACT NAME: AGENT NAME

PHONE (A/C No Ext): FAX (A/C No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : INSURANCE COMPANY NAME

12345

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
INSURED NAME
123 MAIN ST
BURBANK CA 91502

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Town of ULSTER is listed as additionally insured with respects to liability as required for the rental and use of Town property on date(s) at Park, (address)

CERTIFICATE HOLDER

CANCELLATION

Town of Ulster
1 Town Hall Drive
Lake Katrine, NY 12449

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