

HOLDING AN EVENT IN THE TOWN OF ULSTER WITH ALCOHOL

- HERE IS WHAT IS REQUIRED -

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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: _____ PHONE (A/C No. Ext): _____ E-MAIL ADDRESS: _____	AGENT NAME _____ FAX (A/C No.): _____
	INSURER(S) AFFORDING COVERAGE	
INSURED INSURED NAME 123 MAIN ST BURBANK CA 91502	INSURER A: _____	NAIC # 12345
	INSURER B: _____	
	INSURER C: _____	
	INSURER D: _____	
	INSURER E: _____	
	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.

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	XX	XX	POLICY NUMBER	01/30/2015	01/30/2016	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG \$ 2,000,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person) \$
	DED RETENTION S						BODILY INJURY (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A						<input type="checkbox"/> UMBRELLA <input type="checkbox"/> EXCESS LIAB
							EACH OCCURRENCE \$
							AGGREGATE \$
							WC STATUTORY LIMITS \$
							OTHER \$
							E.L. EACH ACCIDENT \$
							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 respect to liability as required by written contract on a primary and non contributory basis for the rental and use of Town property on _____ date(s)

CERTIFICATE HOLDER <p>Town of Ulster 1 Town Hall Drive Lake Katrine, NY 12449</p>	CANCELLATION <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE _____</p>
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