



RUN EARTH DAY

DOWNTOWN ST. CLOUD, MN

1/2 MARATHON | RELAY | 5K | 1K

Certificate of Insurance Requirements

Exhibitor agrees to forward a certificate of insurance with a 30-day notice of cancellation provision, noting all details noted in this paragraph, to the holder (“CentraCare Earth Day Run”).

Exhibitor shall at all times during the term of its event agreement with CentraCare Earth Day Run (April 19-20, 2019) maintain general public liability insurance written by a recognized insurance company against all claims for bodily injury, death or property damage which occurs out of or in connection with the activities contemplated by the Health & Wellness Expo booth registration agreement with:

- Limits of not less than \$1,000,000 combined single limit on an occurrence basis, and
- Not less than \$2,000,000 general aggregate and products.
- CentraCare Earth Day Run shall be listed on such insurance policy as an additional insured for the term of this agreement.
- Exhibitor shall upon execution of this agreement provide to CentraCare Earth Day Run a certificate from the insurance company certifying CentraCare Earth Day Run as an additional insured.
- Certificate to be provided prior to the event.

If you do not have an annual insurance policy, there are special event policies that can be obtained. If you need assistance with this, please inquire with an insurance agent and their small business unit.

(See Page 2 for sample)



CERTIFICATE OF LIABILITY INSURANCE

STCLO-1 OP ID: M2

DATE (MM/DD/YYYY)
03/04/2015

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 XYZ Insurance Agency 123 Indemnity Lane Les Clams MN 12345	CONTACT NAME: D. Ductible, CPC, CLU PHONE (AC, Ext): 320-123-4567 FAX (AC, Ext): 320-123-9876 E-MAIL: dductible@xyz.com ADDRESS:
	INSURER(S) AFFORDING COVERAGE: INSURER A: Your Insurance Company, Inc. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED: ABC Company/Sample XXX Street Address St. Cloud, MN 56301	

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 ENDORSEMENTS.

TYPE	TYPE OF INSURANCE	ADDL(S) (IND)	SUBR (IND)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		12345	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$	
A	AUTOMOBILE LIABILITY <input 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	X		12345	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE (IND) RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, 990706 UNDF DESCRIPTION OF OPERATIONS:		YJR	HTA	997	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 20% EP E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Earth Day Run is listed as an additional insured.

CERTIFICATE HOLDER STCLO-1 CentraCare Earth Day Run 1406 6th Ave. N. St. Cloud, MN 56303	CANCELLATION 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 <i>Dee Ductible</i>
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