

MAYOR
Keith Pekau

VILLAGE CLERK
Patrick R. O'Sullivan
14700 S. Ravinia

Orland Park, IL 60462
(708) 403-6100
www.orlandpark.org



VILLAGE HALL

TRUSTEES

William R. Healy
Cynthia Nelson Katsenes
Michael R. Milani
Sean Kampas
Brian J. Riordan
Joni. J. Radaszewski

DATE: _____

TO: _____

RE: Certificate of Insurance

Dear Sir/Madam:

In connection with the above-referenced event or services for the Village of Orland Park, the maintenance of adequate insurance is the first step in ensuring coverage for any potential accident or claim and is a necessary precaution to avoid jeopardizing your, and The Village of Orland Park's, operations. In connection with our own insurance program and the operations of the Village, we must provide our insurance carrier with a list of all organizations holding events on Village of Orland Park Property or performing services for or on behalf of the Village of Orland Park, along with their Certificates of Insurance evidencing proof of insurance coverage. Therefore, kindly submit to our office a Certificate of Insurance indicating the following coverages and minimum limits:

- A. Commercial General Liability Insurance on an occurrence basis with a combined Bodily Injury and Property Damage limit of at least \$1,000,000 per occurrence and \$2,000,000 general aggregate, and issued by a reputable carrier licensed to do business in the State of Illinois. The policy shall include Broad Form Property Damage, Premises Operations, Contractual Liability, Independent Contractor, Completed Operations and Products Liability. The policy shall also include an endorsement identifying **THE VILLAGE OF ORLAND PARK, and their respective officers, directors, employees and agents** as Additional Insureds. Coverage for the Additional Insureds must be on a primary/non-contributory basis. Said policy shall also contain a Waiver of Subrogation in favor of the Additional Insureds.
- B. Excess Liability Insurance on an occurrence basis with a limit of at least \$2,000,000 per occurrence and \$2,000,000 in the aggregate. The policy must be an Umbrella-Follow Form policy and be excess over the coverages listed in A-above. This coverage may be waived, or limit requirements reduced, but only at the sole discretion of the Village.
- C. Workers Compensation and Occupational Disease Insurance in accordance with applicable state and federal laws, an Employer Liability Insurance with a limit of liability of at least \$500,000. In the event ALL persons performing operations for your organization are unpaid volunteers, a letter of confirmation from your insurance carrier or agent must be provided in lieu of such evidence of Workers Compensation coverage.
- D. All Risk Property Insurance on a replacement cost basis, covering all property (belonging to you, your employees or other third parties), all trade fixtures, equipment, stock, merchandise, and all other items of personal property brought onto, kept at or stored upon Village property in connection with the Event. Said policy shall insure against loss or damage by casualties or causes of whatever kind or nature, and shall contain a Waiver of Subrogation in favor of the Additional Insureds. This coverage may be waived, or limit requirements reduced, but only at the sole discretion of the Village.

Please forward your certificate of Insurance within 10 days of your receipt of this letter along with a signed copy of this letter acknowledging your obligation to provide the foregoing coverages. I have included a SAMPLE CERTIFICATE OF INSURANCE for your reference; please provide a copy of this letter and the Sample Certificate to your insurance agent for their reference. Thank you in advance for your assistance and cooperation. If you have any questions, please feel free to call Denise Domalewski (708) 403-6173.

Sincerely,

The Village of Orland Park

ACCEPTED & AGREED: Date _____

Organization Name: _____

By: Signature _____

Title: _____