

Certificate of Insurance (COI)



The City & County of Denver and ASM BLOBAL have established insurance guidelines to help protect our clients and patrons from risk of liability should injury or damage occur while in our facility. Below is the portion of our License Agreement that specifies facility insurance requirements. These terms are non-negotiable; alterations to terms or coverage amounts are not acceptable. The certificate of insurance, once received, will be reviewed for contract compliance.

Event Insurance: Licensee shall at its own expense secure and maintain through the term of this Agreement, including move-in and move-out days, with an insurer or insurers maintaining at least an A VIII rating in the current A.M. Bests Manual, licensed to conduct business in the State of Colorado, the insurance listed below. All such insurance shall be primary of any other valid and collectible insurance of Licensee and/or ASM GLOBAL and shall be written on an occurrence basis. Claims made policies are not acceptable and do not constitute compliance with Licensee's obligations under this Agreement.

(A) Commercial General Liability Insurance policy in form acceptable to Licensor (ASM & Owners), including public liability for bodily injury and death and property damage, covering its activities hereunder, in an amount not less than One Million Dollars (\$1,000,000) for bodily injury and One Million Dollars (\$1,000,000) for property damage, including blanket contractual liability, independent contractors, and products and completed operations. The foregoing general liability insurance policy shall not contain exclusions from coverage relating to the following: participants, legal liability activities or issues related to the Entry Agreement hereunder. Licensee shall also maintain follow form Umbrella/Excess liability insurance with a limit of at least Five Million Dollars (\$5,000,000);

(B) Property damage or loss for full insurable value of Licensee's (and its agents', contractors') property and equipment to be brought into or located in the Center;

(C) Workers Compensation Insurance for Licensee's employees, as required by applicable law including Employers Liability coverage of at least One Million Dollars (\$1,000,000);

(D) Commercial Automotive Liability coverage, including coverage for bodily injury and property damage, in a form acceptable to Licensor (ASM & Owners) covering all vehicles operated by Licensee, its officers, directors, agents and employees in connection with its activities hereunder, with a combined single limit of not less than One Million Dollars (\$1,000,000) (including of hired and non-owned coverage).

Certificates of Insurance: Copies of additional insured endorsements and primary coverage endorsements and, if requested, complete copies of policies, satisfactory to ASM Global, shall be furnished to ASM Global no later than sixty (60) days before the first move-in day of the Event. Certified copies of the Certificate of Insurance or policies shall provide that they may not be canceled without thirty (30) days advance written notice to ASM Global.



NOTE THE ADDITIONAL INSURED SPECIAL INSTRUCTIONS BELOW

CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY)
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 INSURANCE BROKER NAME & ADDRESS			CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :			
INSURED LICENEE'S LEGAL NAME & ADDRESS						
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.						
INSURER LTR	TYPE OF INSURANCE	INSUR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> SECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINE SINGLE LIMIT (Ea accident) \$ 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 DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			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 CITY AND COUNTY OF DENVER, ASM GLOBAL, AND ITS OFFICERS, AGENTS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO COMMERCIAL GENERAL LIABILITY AND BUSINESS AUTO POLICIES, AS RESPECTS OPERATIONS OF THE NAMED INSURED.						
CERTIFICATE HOLDER			CANCELLATION			
CITY & COUNTY OF DENVER COLORADO CONVENTION CENTER/ASM GLOBAL 700 14 TH STREET DENVER, CO 80202			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			
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Licensee's Legal Name →

Type of Insurance required →

Only additional insured language in this box →

Verify Correct Address & Contact Information →

Policy limits must be same or greater than \$1,000,000

Policy period must be current and cover the period in which the services are provided.

The 'description' box must only contain the following additional insured language: **THE CITY AND COUNTY OF DENVER, ASM GLOBAL, AND IT'S OFFICERS, AGENTS, AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO COMMERCIAL GENERAL LIABILITY AND BUSINESS AUTO POLICIES, AS RESPECTS OPERATIONS OF THE NAMED INSURED.**