### Certificate of Liability Insurance

**Producer**
- **Name:**
- **Phone:**
- **Fax:**
- **Address:**
- **INsurer(s) Affording Coverage:**
- **NAIC #:**

**Insured**
- **Insurer A:**
- **Insurer B:**
- **Insurer C:**
- **Insurer D:**
- **Insurer E:**
- **Insurer F:**

**Coverages**

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<thead>
<tr>
<th>IRS#</th>
<th>Type of Insurance</th>
<th>Address/Zone</th>
<th>Policy Number</th>
<th>Policy Eff. Date</th>
<th>Policy Exp. Date</th>
<th>Limits</th>
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**Workers Compensation and Employers' Liability**
- **Y/N:** N/A
- **Any Proprietor/Partner/Executive Officer/Member Excluded?** (Mandatory in NH)
- **Yes, describe under Description of Operations below**

**Description of Operations / Locations / Vehicles** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is an additional insured. Borough must be named additional Insured. Here!

**Certificate Holder**
- **Borough of Bergenfield**
- **198 North Washington Avenue**
- **Bergenfield, NJ 07621**

**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**
- Signature - not typed or stamped

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INSURANCE REQUIREMENTS FOR USE OF MUNICIPAL FACILITIES

Complete the hold harmless agreement and sign it where required.

Secure a certificate of insurance from your insurance agent or company using the attached sample as a guide.

PLEASE BE SURE ...

- that the certificate of insurance and the hold harmless agreement are in the *same name* and that it is *the same as the permit holder*.
- you have sufficient limits of insurance and that the company is licensed in New Jersey.
- the municipality is named as an additional insured.
- the cancellation clause on the certificate is as required (see sample).
- the certificate is *signed* (not typed or rubber stamped).