

CERTIFICATE OF LIABILITY INSURANCE						DATE MM/DD/YY
PRODUCER			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
Name & Address of Insurance Agency						
INSURED			INSURERS AFFORDING COVERAGE			
Name & Address of the insured			INSURER A: Name of Insurance Carrier with a "Best Rating" of an A or better			
			INSURER B:			
			INSURER C:			
			INSURER D:			
COVERAGES						
INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	GENERAL LIABILITY		Policy Number	Policy	Period	Each Occurrence \$ 1,000,000
	X	COMMERCIAL GENERAL LIABILITY				Fire Damage \$ 100,000
		CLAIMS MADE OCCUR				Medical Expense \$ 5,000
						Personal & Adv Injury \$ 1,000,000
						General Aggregate \$ 2,000,000
						Products-Comp/Op Agg \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
		POLICY PROJECT LOC				
	OTHER					
	Host Liquor Liability at specific location (if applicable)					<div style="border: 1px solid red; padding: 5px; display: inline-block;">Required Limits</div>
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS						
The following is included as an additional insured: City of Hillsboro, Its elected and Appointed Officials, Officers, Agents, Employees, and Volunteers. Must list Port of Hood River as Additional Insured with Endorsement.						
CERTIFICATE HOLDER			CANCELLATION			
Port of Hood River 1000 E. Port Marina Dr. Hood River, OR 97031			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
			AUTHORIZED REPRESENTATIVE Signature Required			

Required

Note: Continue to second page for additionally insured document example.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Required

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s)	
City of Tualatin	
Event Location:	
Event Date: _____	Event Name: _____
<p>Port of Hood River, 1000 E. Port Marina Dr., Hood River, OR 97031</p> <p>Additional Insured: The Port of Hood River and its officers, agents, volunteers, employees, and its elected officials.</p>	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.