

Insurance Requirement



ALL concessionaires are required to have public liability insurance in the minimum amount of \$300,000 per person, \$500,000 per occurrence and \$50,000 property damage against claims arising out of or in connection with the concessionaires which are subject of the Agreement. Concessionaire must have Workers' Compensation Insurance as required by the Workers' Compensation Act, 820 ILCS 305.

Concessionaires shall supply proof of said public liability insurance policy in form of a Certificate of Insurance. Under the "Description of Operations" section it MUST read: **Illinois Department of Agriculture and its officers, employees, agents, and directors as additional insured.** Under the "Certificate Holder" section it must read: **Illinois Department of Agriculture, 655 Executive Dr., Du Quoin, IL 62832.**

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 07/24/2024

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 have ADDITIONAL INSURED provisions or 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 endorsements.

PRODUCER		CONTACT NAME:	
INSURED		INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

CERTIFICATE NUMBER: 277097 REVISED NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT 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 OF INSURANCE	POLICY NUMBER	ISSUE DATE	EXPIRES	INSURER	COVERAGE	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASS SALES <input type="checkbox"/> GEN'L AGGREGATE LIABILITY PER POLICY <input type="checkbox"/> AUTO <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> MEDICAL PAYMENTS FOR PARTICIPANTS					EACH OCCURRENCE PRODUCTS - COMP/OP AGG PROFESSIONAL LIABILITY BODY INJURY (Per person) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$1,000,000 \$5,000,000 \$5,000,000 \$1,000,000

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

CERTIFICATE HOLDER: Illinois Department of Agriculture and its officers, employees, agents, and directors as additional insured.

RELATION: Illinois Department of Agriculture and its officers, employees, agents, and directors as additional insured.

TEXAS INSURED: The Insurer for the purchasing group is subject to all the insurance laws and regulations of the State of Texas.

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Certificate Holder
 Illinois Dept. of Agriculture
 655 Executive Dr.
 Du Quoin, IL 62832

Description of Operations
 Illinois Department of Agriculture
 and its officers, employees, agents,
 and directors as additional insured.

CERTIFICATE OF INSURANCE IS DUE TO SPACE RENTAL OFFICE ALONG WITH SIGNED CONTRACT.

Questions should be directed to Jill Fox, Space Rental 618.542.1511 Jill.Fox@illinois.gov