

## Certificate of Insurance

All renters must provide a certificate of insurance for the date of their event. If your event includes the services of a caterer, professional deejay, or other vendor they, too, must provide certificates of insurance. Repeat renters can get a certificate for a whole year.

Ask your insurer to provide a certificate of insurance naming the **First Unitarian Universalist Society of Albany** as additional insured to the value of \$1 million.

If you do not have a current insurer who can provide this coverage, you can obtain single event coverage at: [www.theeventhelper.com](http://www.theeventhelper.com), (855) 493-8368. They can also provide annual policies for recurring meetings.

**Your insurer can send the certificate to:**

Sapphire Correa, Administrative Assistant, First Unitarian Universalist Society of Albany

By mail: 405 Washington Avenue, Albany NY 12206

Or by fax: 518-463-1429

Or by email: [office@albanyuu.org](mailto:office@albanyuu.org)

### Sample Certificate:

| 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |            |  |               |                       |                        |   |
|---|------------|--|---------------|-----------------------|------------------------|---|
| INSR LTR  | ADDL INSRD | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | LIMITS  |
| A   | Y          | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> Host Liquor Liability<br><small>GENL AGGREGATE LIMIT APPLIES PER:</small><br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> Retail Liquor Liability |               |                       |                        | EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000<br>TENANT LEGAL LIABILITY \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPROP AGG \$ 1,000,000<br>DEDUCTIBLE \$ 1,000 |
|   |            | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |               |                       |                        | COMBINED SINGLE LIMIT (Each Occurrence) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|   |            | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   |               |                       |                        | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$   |
|   |            | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |               |                       |                        | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$  |
|   |            | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   |               |                       |                        | <input type="checkbox"/> WC STAT. LIM. <input type="checkbox"/> OTH. \$<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|   |            | <b>OTHER</b>   |               |                       |                        |   |
| <b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b><br>Certificate holder listed below is named as additional insured per attached CG 20 26 07 04 for the following dates:   |            |  |               |                       |                        |   |
| If your policy covers multiple event dates, they will be listed here.   |            |  |               |                       |                        |   |
| <b>CERTIFICATE HOLDER</b><br>First Unitarian Universalist Society of Albany<br>405 Washington Avenue<br>Albany, NY 12206  |            |  |               |                       |                        |   |