Date:	
То:	
RE:	Certificate of Insurance

Dear Sir/Madam:

In connection with the performance of your services for the Village of Orland Park, the maintenance of adequate insurance is the first step in ensuring coverage for any potential accident or claim and is a necessary precaution to avoid jeopardizing your, and The Village of Orland Park's, operations. In connection with our own insurance program and the operations of the Village, we must provide our insurance carrier with a list of all organizations performing services for or on behalf of the Village of Orland Park, along with their Certificates of Insurance evidencing proof of insurance coverage. Therefore, kindly submit to our office a Certificate of Insurance indicating the following coverages and minimum limits:

- A. Workers Compensation and Occupational Disease Insurance in accordance with applicable state and federal laws, an Employer Liability Insurance with a limit of liability of at least \$500,000. In the event ALL persons performing operations for your organization are unpaid volunteers, a letter of confirmation from your insurance carrier or agent must be provided in lieu of such evidence of Workers Compensation coverage.
- B. Commercial General Liability Insurance on an occurrence basis with a combined Bodily Injury and Property Damage limit of at least \$1,000,000 per occurrence and \$2,000,000 general aggregate, and issued by a reputable carrier licensed to do business in the State of Illinois. The policy shall include Broad Form Property Damage, Premises Operations, Contractual Liability, Independent Contractor, Completed Operations and Products Liability. The policy shall also include an endorsement identifying THE VILLAGE OF ORLAND PARK, and THE VILLAGE OF ORLAND PARK RECREATION AND PARKS DEPARTMENT, and their respective officers, directors, employees and agents as Additional Insureds (via ISO form CG2026 11/85). Coverage for the Additional Insureds must be on a primary/non-contributory basis.

Permitting you to proceed with your operations prior to our receipt of the foregoing certificate however shall not be a waiver of the obligation to provide all of the above insurance.

Please forward your Certificate of Insurance within 10 days of your receipt of this letter <u>along with a signed copy of this letter acknowledging your obligation</u> to provide the foregoing coverages. I have included a SAMPLE CERTIFICATE OF INSURANCE, as well as a sample of ADDITIONAL INSURED form CG2026 for your reference; please provide a copy of this letter and the Sample Certificate to your insurance agent for their reference. Thank you in advance for your assistance and cooperation. If you have any questions, please feel free to call Denise Domalewski at (708) 403-6173.

Sincerely,	ACCEPTED & AGREED:
THE VILLAGE OF ORLAND PARK	Date
	Organization Name:
By:	
	By:
Encls.	Signature
	Title: