

# **INSURANCE REQUIREMENTS FOR SIDEWALK CAFÉ PERMITS**

The applicant shall furnish the city evidence of a liability insurance contract to indemnify, reimburse and hold the city harmless from all charges, damages or costs that the city may be required to pay or otherwise sustain by reason of the sidewalk café. The contract of insurance:

1. Shall provide commercial general liability insurance coverage in an amount of not less than \$1,000,000.00 combined single limit
2. Shall name the city as an additional insured.
3. Shall contain a provision that it shall not be terminated or otherwise allowed to expire prior to 45 days after written notice to that effect is received by the Director of Public Works or a designee thereof on behalf of the city
4. Shall be kept in full force and effect, without expense to the city, at all times during the period for which authorization is granted.

The evidence of the liability insurance shall be as shown on the attached form or a similar version as approved by the Director of Public Works or his designee. Items that are to be illustrated on the insurance certificate shall include, but are not limited to, the following:

- Items 1 thru 3 as listed above
- Insurance company's name, address and contact numbers
- Policy number and its expiration date
- Name, address and contact number of the owner of the sidewalk café
- Address of the sidewalk café if different from the above owner's address
- Permit number of the sidewalk café as assigned by PDR in Room 110
- City of Richmond will be listed as a Certificate Holder with any renewal certificates being sent to DPW-Surveys, Room 600, 900 E Broad St, Richmond, VA 23219



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 endorsement(s).

PRODUCER	<b>INSURANCE COMPANY NAME ADDRESS CONTACT PERSON &amp; NUMBER</b>	CONTACT NAME:	
		PHONE (AG, Ho, Ext):	FAX (AG, No):
INSURED	<b>SIDEWALK CAFÉ OWNER NAME ADDRESS CONTACT PERSON &amp; NUMBER</b>	E-MAIL:	
		ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A:	NAIC #
		INSURER B:	
		INSURER C:	
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			<b>POLICY NUMBER</b>	<b>MONTH/ DAY/ YEAR</b>	<b>MONTH/ DAY/ YEAR</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Per occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				GENERAL AGGREGATE \$
	AUTOMOBILE LIABILITY						PRODUCTS - COMPROP AGG \$
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (E&O) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS MADE					PROPERTY DAMAGE (Per occurrence) \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						AGGREGATE \$
	If yes, describe under DESCRIPTION OF OPERATIONS						WC STATU-TORY LIMITS
							OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

Commercial Liability Insurance  
SAMPLE DOCUMENT

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

**THE CITY OF RICHMOND IS NAMED AS AN ADDITIONAL INSURED WITH REGARDS TO THE GENERAL LIABILITY COVERAGE FOR PERMIT: SC (XXXX) AT: (ADDRESS)**

**"45 DAY NOTICE OF CANCELLATION" WILL BE PROVIDED TO THE CITY OF RICHMOND (NOT REQUIRED WHEN THE INSURER IS LOCATED IN VIRGINIA)**

<b>CITY OF RICHMOND DPW – SURVEYS / RM 600 900 E BROAD ST RICHMOND, VA 23219</b>	<b>CANCELLATION</b>
	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