

DUNSH1

SIERCLU-01

A			CERTIFICATE OF LIABILITY INSURANCE							03/02/2017		
C B	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.											
lf	SUE	RTANT: If the certificate holde BROGATION IS WAIVED, subje- ertificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may				
		R License # 0H81923				CONTA NAME:		-				
G2 Insurance Services, LLC 140 New Montgomery, 21st Floor San Francisco, CA 94105							PHONE (A/C, No, Ext): (415) 426-6600 FAX (A/C, No):(415) 426-6601 ADDRESS:					
Jan	Fiai	ICISCO, CA 94103				ADDRE					NAIC #	
						INSURF			rine Insurance Com	pany	20079	
INSURED							INSURER B :					
Sierra Club							INSURER C :					
		85 Second Street Second Floor				INSURER D :						
San Francisco, CA 94105-3441						INSURER E :						
						INSURER F :						
	/ER	AGES CER	TIFIC	FICATE NUMBER:			REVISION NUMBER:					
IN CI	DICA ERTII	S TO CERTIFY THAT THE POLICII ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP	PECT TO	O WHICH THIS	
INSR LTR		TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUM			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
Α	Х								EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR	X	Х	42GLO10016204		03/01/2017	04/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	4 000 000	
									PERSONAL & ADV INJURY	\$	1,000,000	
									GENERAL AGGREGATE	\$	2,000,000	
	Χ	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	AUT	OTHER: OMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$ \$		
	AU	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per acciden			
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									E.L. EACH ACCIDENT	\$		
(Mandatory in NH)								E.L. DISEASE - EA EMPLOYE	E \$			
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	- \$				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Fox River Earth Day Hike(thon) 4/22/2017

The City of Appleton is included as additional insured per terms and conditions of the General Liability policy as respects the Named Insured's operations.

CERTIFICATE HOLDER	CANCELLATION
City of Appleton 100 N Appleton Street Appleton, WI 54915	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Appleton, wi 54915	AUTHORIZED REPRESENTATIVE

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