

# Fête des Petites Côtes\*

P.O. Box 1034 • Saint Charles, Missouri 63302-0007 • 636-940-0095

*Dear Prospective Festival of the Little Hills Participant,*

As we continue our planning and daily work for the 2024 Festival, we again are faced with the mandate of **liability insurance for all participants**. The circled items on the sample Certificate of Insurance on the back of this page must be provided.

The insurance required by the **City of St. Charles and our insurance carrier** is as follows;

1. **Liability Insurance in the amount of \$1,000,000 per occurrence**
2. **Liability Insurance in the amount of \$2,000,000 aggregate**
3. **Effective and Expiration dates must include 12 am, August 15, 2025 through 12 midnight, August 17, 2025**
4. **Festival of the Little Hills must be named as an Additional Insured on your policy.** Please note – Listing Festival of the Little Hills as certificate holder **does not** qualify as “Additional Insured.” Our insurance carrier requires a specific statement that says – “Festival of the Little Hills is named as additional insured” on the Certificate of Insurance.

You can select your own insurance carrier for this liability insurance or select any insurance company of your choice. To assist you, we have found (3) three additional insurance providers that you can contact.

**SIS Insurance Services: 1-800-457-2231**

**K & K Insurance Group: 1-800-328-2317**

**RLI Insurance: 856-291-5160 x1568**

**ACT Insurance: 844-520-6991**

We **MUST** have your **Certificate of Insurance** coverage in our possession via mail or email **no later than May 31st**. No exceptions.

**We have provided a sample of the certificate of liability required on the reverse side of this letter. Please refer to this when getting your liability insurance.**

We are excited about and looking forward to your participation in our Festival 2024. As always, please contact us for any information or assistance we can provide.

Sincerely,

*Board of Directors*

*Festival of the Little Hills*

\*Festival of the Little Hills

[www.festivalofthelittlehills.com](http://www.festivalofthelittlehills.com)

CRAFTS • ARTS • ENTERTAINMENT

(OVER)

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/12/2005

PRODUCER AGENCY PHONE NUMBER FAX  
AGENCY NAME  
AGENCY ADDRESS

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED VENDOR NAME  
VENDOR ADDRESS

| INSURERS AFFORDING COVERAGE | NAIC # |
|-----------------------------|--------|
| INSURER A: COMPANY NAME     |        |
| INSURER B:                  |        |
| INSURER C:                  |        |
| INSURER D:                  |        |
| INSURER E:                  |        |

## COVERAGES

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 ADD'L LTR INSRD        | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |                      |        |                    |    |                            |    |                             |    |
|-----------------------------|---|---------------|----------------------------------|-----------------------------------|--|----------------------|--------|--------------------|----|----------------------------|----|-----------------------------|----|
| A                           | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | POLICY NUMBER | EFF DATE                         | EXP DATE                          | EACH OCCURRENCE <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ 2,000,000               |                      |        |                    |    |                            |    |                             |    |
|                             | <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 (Ea accident) \$<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><br><input type="checkbox"/> DEDUCTIBLE<br>RETENTION \$  |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<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<br>OTHER   |               |                                  |                                   | <table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATU-TORY LIMITS | OTH-ER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATU-TORY LIMITS        | OTH-ER  |               |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |
| E.L. EACH ACCIDENT          | \$  |               |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |
| E.L. DISEASE - EA EMPLOYEE  | \$  |               |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |
| E.L. DISEASE - POLICY LIMIT | \$  |               |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Event: Festival of the Little Hills, St. Charles, MO  
Certificate holder is listed as an additional insured under the General Liability.

### CERTIFICATE HOLDER

Fete des Petites Cotes, Inc.  
DBA Festival of the Little Hills  
P.O. Box 1034  
St. Charles, MO 63302

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Richard Grumich/KELLEY

*Richard Grumich*