



CERTIFICATE OF INSURANCE FORM

This Form is required to be filled out and attached to Permittee's Certificate of Insurance

INSURED:

COMPANY:

POLICY NUMBER:

EFFECTIVE:

The policy shall bear the following endorsements:

"Without prejudice to coverage otherwise existing herein, the City of Mount Vernon, its officers, agents, and employees are included as additional insureds under this policy as to any claim or claims for injury to person including death, or damage to property, resulting from or growing out of the operations of the permittee within the City of Mount Vernon, Washington."

"It is understood and agreed that this policy shall not terminate or be cancelled without first giving thirty (30) days written notice of intention to terminate or to cancel said policy to the Office of the Community & Economic Development Director, P.O. Box 809 / 910 Cleveland Avenue, Mount Vernon, Washington 98273."

"Notwithstanding the naming of additional insureds, the said policy shall protect each insured in the same manner as though a separate policy has been issued to each; but nothing herein shall operate to increase the insured's liability as set forth elsewhere in the policy beyond the amount or amounts for which the insured would have been liable if only one person or interest had been named as insured. The coverage applies as to claims between insureds on the policy. This endorsement assures that the policy complies with the terms and conditions of the named insured's permit with the City of Mount Vernon."

Signature of Authorized Representative: _____

Printed Name of Authorized Representative: _____

Date: _____

Name & Address of Certificate Holder:

City of Mount Vernon
Development Services Director
City Attorney
910 Cleveland Avenue
Mount Vernon, WA 98273