**Attach copies of your**

**Certificate of Liability Insurance**

Liability Insurance for \_\_\_ Coverage of at least:

Coverage

$2,000,000 General Aggregate

 $1,000,000 Products Completed Operations Aggregate

$500,000 per occurrence bodily injury;

With employers’ liability limits of at least:

$1,000,000 Occurrence

$500,000 each employee occupational disease;

$1,000,000 Personal Injury/Advertising Injury

Please list:

**Community Council of Greater Dallas, 1341 W. Mockingbird Ln., Suite 1000W, Dallas, TX  75247**, as Additional Insured in the additional insured box or comment section.