



## **PARTY CITY HOLDINGS INC. (PCHI)**

### **Requirement for 2022 Certificate of Insurance**

Party City Holdings Inc. (PCHI) requires that all vendor partners have a valid Certificate of Insurance (COI). Please contact your insurance carrier or have a representative from your company send a valid Certificate of Insurance.

Requirements for COI can be found in Section 2 of the PCHI Vendor Standards Manual under term #28, "Liability Insurance".

The details are summarized below:

1. **Vendor shall furnish to PCHI a Certificate of Insurance evidencing such insurance within thirty (30) days of receipt of Compliance Documents.**
2. Comprehensive General Liability insurance including Products Liability coverage with limits of not less than \$2,000,000 each occurrence.
3. Combined Single Limit each occurrence Bodily injury and Property Damage, General Aggregate not less than \$4,000,000 per year.
4. Coverage shall include Contractual Liability, including Defense Costs and Vendor shall provide a Waiver of Subrogation in favor of Party City Holdings Inc.
5. Not applicable for International Vendors - To the extent Vendor shall be providing delivery or other services to Party City Holdings Inc., Vendor shall provide evidence of automobile coverage as well as Worker's Compensation and Employer's Liability evidencing the coverage to applicable statutory limits and Employer's Liability to limits of \$1,000,000.
6. Under the Broad Form Vendors Endorsement, the Certificate Holder, Additional Insured must be listed as:

**Party City Holdings Inc and its affiliates and subsidiaries  
100 Tice Blvd.  
Woodcliff Lake, NJ 07677**

7. Insurance must be carried by an insurer with an AM BEST rating of A VII or better.
8. Notice of Cancellation must be included stating 30 days' notice.

\*\*The Certificate is to be submitted as a one-page document. Please do not submit additional policy documents for review. Include all references of Requirements being met in the Description Section of the Certificate. \*\*

Submit questions and the COI to [vendorrelations@amscan.com](mailto:vendorrelations@amscan.com)

Or Fax COI to 914-784-4302

The COI file naming format: Vendor#\_COI\_Date

(Date should be: MMDDYYYY; for example: 12345\_COI\_01012022.pdf)

09/06/2022