# Special Events Permitting Insurance Worksheet



3609 Market Place W., Suite 200 University Place, WA 98466-4488 PH: 253.566.5656 FAX: 253.566.5658

This worksheet is meant to accompany the Special Event Permit Application. This does not need to be submitted but is a tool to help organizers ensure they meet the MINIMUM insurance requirements, types, and amounts. The requirements for your event may be determined to be higher, depending on the features, at the discretion of the Risk Manager or City Attorney.

		re required to have Commercial General Liability insurance with coverage at least					
as bro	oad as	ISO occurrence form CG 00 01, in the following minimum amounts:					
	\$1 Million Per Occurrence						
	\$2 Mil	\$2 Million General Aggregate					
	\$1 Mi	\$1 Million Products – Completed Operations Aggregate					
	Event Name and Event Dates (including set-up and tear-down dates)						
	City o	City of University Place, address: 3609 Market Place W., Suite 200, University Place, WA 98466					
	City a	City as Additional Insured, with coverage at least as broad as ISO form CG 20 12					
	Event	ts with alcohol (in addition to above):					
		\$1 to \$5 Million Liquor Liability coverage, naming the City of University Place as an additional insured. Either the event coordinator or the alcohol provider/server can provide this coverage.					
	Events with fireworks (in addition to above):						
	\$1 to \$5 Million Liability coverage, naming the City of University Place as an additiona insured, provided by the professional pyrotechnic vendor						
	Event	ts with Rides/Inflatables/Carnivals on City Property (in addition to above):					
	$\square$ Minimum \$1 Million Commercial General Liability insurance, naming the City of Univers Place as an additional insured, provided by the professional amusement ride vendor						
	Events with sporting events (in addition to above):						
		Minimum \$1 Million participant liability coverage					
	Event	ts with parades and autos (in addition to above):					
		Permittee must require and ensure that every vehicle parade entrant has auto liability insurance. All other vehicles associated with any special event must have auto liability insurance, as required by State law					
	<u>Even</u>	ts with food vendors (in addition to above):					

Other types and amounts of insurance may be required, as determined by the Risk Manager or City Attorney

coverage. Permittee is responsible to require this coverage from each food vendor.

Minimum \$1 Million General Liability Insurance, including Products/Completed Operations

## **DOCUMENT EXAMPLES**

## **CERTIFICATE OF INSURANCE (COI):**

ACORD® CERTIFICATE OF LIAI			BILITY INSURANCE				DATE (MM/DD/YYYY)		
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.									
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER	CONTACT NAME:								
	NAME: PHONE FAX (AIC, No. Ext): (AIC, No): E-MAIL ADDRESS:								
	INSURER(S) AFFORDING COVERAGE NAIC#								
INSURED		INSURER A:							
INSURED (2)	-	INSURER B :							
		INSURER D							
		INSURER E							
	(b)	INSURER F			(	7)			
COVERAGES CERTIFICATE NUMBE					REVISION NUMBER:	9			
THIS IS TO CERTIFY THAT 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, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD	POLICY NUMBER	P (M	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s ( <i>j</i>	5)		
COMMERCIAL GENERAL LIABILITY 9					EACH OCCURRENCE	\$			
CLAIMS-MADE CCCUR	(12)		$\overline{}$		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
(10)	12	(	13)	149	MED EXP (Any one person)	\$			
CENT ACCRECATE HAIT ADDITES DED.		\			PERSONAL & ADV INJURY	\$			
GENE AGGREGATE UNIT AFFEES FEA.					GENERAL AGGREGATE	\$			
POLICY PRO-					PRODUCTS - COMP/OP AGG	\$			
OTHER:					COMBINED SINGLE LIMIT	\$ (1-			
ANY AUTO					(Ea accident) BODILY INJURY (Per person)	5			
OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	s			
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s			
					,	s	$\overline{}$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	19)		
EXCESS LIAB CLAMTS-MADE					AGGREGATE	5	·		
DED RETENTIONS (18)						\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N					PER OTH- STATUTE ER				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$			
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				-	E.L. DISEASE - EA EMPLOYEE				
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
(2)									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
		•			•				
CERTIFICATE HOLDER CANCELLATION									
23)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
		AUTHORIZED REPRESENTATIVE							
, t	(25)								

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ACORD 25 (2016/03)

#### ADDITIONAL INSURED ENDORSEMENT:

Must name City of University Place, 3609 Market Place W., Suite 200, University Place, WA 98466

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 20 12 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

State Or Governmental Agency Or Subdivision Or Politica	Subdivision:				
Information was incided a considerable Cabachter State of	all be about in the Destruction				
Information required to complete this Schedule, if not shown a	nove, will be shown in the Declarations.				

Section II - Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

- This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.
- 2. This insurance does not apply to:
  - a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - Bodily injury" or "property damage" included within the "products-completed operations hazard".

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### **Liability Certificate Guidelines:**

- 1. **Producer:** The insurance agent or broker for the insured.
- 2. **Insured:** The named insured(s) as it/they appear on the policy declarations.
- 3. **Contact Name:** Primary contact of the producer.
- 4. **Insurer(s) Affording Coverage:** The insurer's full legal name.
- 5. **NAIC** #: The identifying code assigned to the insurer by the National Association of Insurance Commissioners.
- 6. **Certificate Number:** A number assigned by the producer for the certificate.
- 7. **Revision Number:** The producer assigned revision number for the certificate.
- 8. **INS LTR (Insurance Letter):** The letter of the insurer(s) as assigned in Insurer(s) Affording Coverage section (see #4 above).
- 9. **General Liability:** Insurance protecting the person or organization from liability exposures.
- 10. **ADDL INSR (Additional Insured):** Indicates if the certificate holder has been named as an additional insured on the insurance policy.
- 11. SUBR WVD (Subrogation Waived): Not needed per WCIA recommendations
- 12. **Policy Number:** The number assigned to the policy by the insurer. The Policy number should be listed to assist in verifying coverage and accessing the coverage if a claim arises.
- 13. **Policy Effective Date:** The date the policy begins.
- 14. **Policy Expiration Date:** The date the policy ends.
- 15. **Limits:** The amount of general liability insurance purchased as specified below:

**Each Occurrence:** The one-occurrence limit amount.

**Damage to Rented Premises (Ea Occurrence)**: The limit of the policy for damage by fire to premises rented to the insured and to damage regardless of cause to premises (including contents) occupied by the insured for 7 days or less.

Med Expenses (Any One Person): No-fault medical expense insurance provided to other parties injured on the insured premises.

**Personal & Advertising Injury:** The limit for personal injury (not bodily injury) including slander, libel, false arrest, malicious prosecution, invasion of privacy and advertising liability for exposure of any advertising activities.

**General Aggregate:** The maximum limit of insurance payable during the policy period for all losses other than those arising from the products and completed operations hazards.

**Products-Completed Operations Aggregate:** The maximum limit of insurance payable during the policy period for all losses arising out of the insured's products or business operations conducted away from the insured's premises once those operations have been completed or abandoned.

- 16. **Automobile Liability:** Insures against liability claims arising out of the use of a covered auto. *The box* "Any Auto" *or the boxes* "All Owned Autos", "Hired Autos" *and* "Non-owned Autos" *should be checked.*
- 17. **Limits:** The amount of automobile liability insurance purchased as specified below:

Combined Single Limit (Each accident) is the limit of the insurance policy for bodily injury and property damage combined for each accident.

**Bodily Injury (Per person)** is the limit of the insurance policy for bodily injury to one person from one accident.

**Bodily Injury (Per accident)** is the limit of the insurance policy for bodily injury from each accident, regardless of the number of persons injured.

**Property Damage (Per accident)** is the limit of the insurance policy for third party property damage resulting from one accident. *If Combined Single Limit is used, Bodily Injury (Per person), Bodily Injury (Per accident) and Property Damage (Per accident) limits will not need to be filled in on the certificate.* 

- 18. **Umbrella Liability and Excess Liability:** "Umbrella Liability and Excess Liability" policies provide liability coverage and/or limits above another liability insurance policy including commercial general liability and auto liability
- 19. **Limits:** The amount of umbrella or excess liability insurance purchased as specified below:

**Each Occurrence** is the one-occurrence limit amount.

**Aggregate** is the maximum limit of insurance payable during the policy period for all losses other than those arising from the products and completed operations hazards.

- 20. Workers' Compensation and Employers' Liability: In most instances this information is not required on insurance certificate.
- 21. This area may be used to evidence other insurance coverage such as professional liability, contractor's pollution, liquor liability, participant liability or builders risk.
- 22. **Description of Operations/Locations/Vehicles:** This section can refer to a specific project or contract number. It also may show locations, vehicles, exclusions added by endorsement and/or special provisions for which the certificate was issued.
- 23. **Certificate Holder:** Person or organization that the certificate is issued to.

City of University Place 3609 Market Place W., Suite 200 University Place, WA 98466

24. **Cancellation:** The cancellation wording means that in most instances the Certificate Holder, even if named an additional insured, will not receive notice of cancellation by the insurance carrier. In response

to this insurer provision, WCIA has modified the notice of insurance cancellation provision throughout the manual, placing the burden of notification on the contractor or service provider.

25. **Authorized Representative:** The insurance agent, broker or insurance company representative who is authorized to sign the certificate.