

City of Keizer

Event Liability Insurance Requirements and Examples

Please provide this form to your Insurance Agent to comply with the insurance requirements in your use agreement. If your agent is unable to provide all of the items required for your event, you may be able to purchase insurance through a Special Event Insurer. (The City of Keizer is not able to endorse any vendors)

Further information regarding the policy and an example of the additional insured endorsement is provided on page 2. Documentation may vary by agent and not look like the examples provided.

ACORD®	CERTIFICAT	ΓΕ OF LIABILI	TY INSURAN	CE	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).						
INSURANCE AGENT NAME INSURANCE AGENT ADDRESS		CONTA NAME: PHONE (A/C, N: E-MAIL ADDRE	AGENT CONT SS: INFORMATION	ON	FAX (A/C, No):	
INSURED		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A :				
INSURED NAME INSURED ADDRESS			ER D :	INSURANCE COMPANY NAME(S)		
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:						
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. NST						
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR A GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER:		DLICY NUMBER	CURRENT POLICY PERIOD	EACH OCCURRED DAMAGE TO REN PREMISES (Ea oo MED EXP (Any one PERSONAL & ADV GENERAL AGGRE PRODUCTS - CON	NCE	
AUTOMOBILE LIABILITY	DE			COMBINED SINGL (Ea accident) BODILY INJURY (F BODILY INJURY (F PROPERTY DAMA (Per accident) EACH OCCURREN AGGREGATE	LE LIMIT S Per person) S Per accident) S NGE S S NCE S S S S	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N N/A			PER STATUTE E.L. EACH ACCIDE E.L. DISEASE - EA E.L. DISEASE - PC	EMPLOYEE \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) "The City of Keizer, its officers, agents, contractors, and employees" are listed as additional insureds.						
CEDTIFICATE HOLDED		CANG	CELLATION			
CITY OF KEIZER 930 CHEMAWA RD NE		SHC		HEREOF, NOTICE	CIES BE CANCELLED BEFORE E WILL BE DELIVERED IN	
KEIZER OR 97303		AUTHO	RIZED REPRESENTATIVE			

SIGNATURE OF AGENT

- Certificate of Liability Insurance in the Name of the Responsible Person/Contract Signer or Company/ Organization listed on the Contract.
- Liability Limits of at least \$2,000,000 per occurrence
- Copy of Additional Insured Endorsement giving Additional Insured Status to the "City of Keizer" with the address listed as "930 Chemawa Rd NE, Keizer OR 97303".

If you have any questions about this information please contact

City of Keizer staff at 503-856-3451 or by email at keizercc@keizer.org

POLICY NUMBER: NUMBER MUST MATCH COI

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

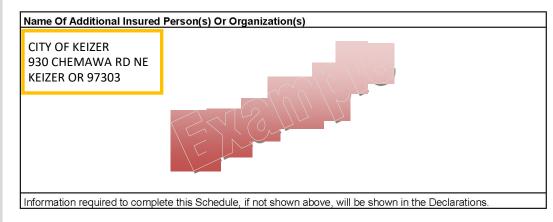
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE



Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

PARTIAL LIST OF SPECIAL EVENT INSURERS

[THE CITY OF KEIZER DOES NOT ENDORSE ANY VENDORS LISTED HEREIN. INFORMATION MAY BE CHANGED OR UPDATED WITHOUT NOTICE.]

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Fiesta Event Insurance 971.304.0152 / www.fiestaeventinsurance.com	Travelers 866.522.1881 / www.travelers.com/event-insurance			
The Event Helper	WedSafe			
855.493.8368 / www.theeventhelper.com	877.723.3933 / www.wedsafe.com			
Stanford Insurance	Wedsure			
800.851.9335 / www.insureunow.com	800.364.8433 / www.wedsure.com			