



# 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®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
<p>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.</p> <p><b>IMPORTANT:</b> 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).</p>						
<b>PRODUCER</b> INSURANCE AGENT NAME INSURANCE AGENT ADDRESS		<b>AGENT CONTACT INFORMATION</b> CONTACT NAME: PHONE (A/C, No., Ext): E-MAIL: ADDRESS:		FAX (A/C, No):  INSURER(S) AFFORDING COVERAGE NAIC #		
<b>INSURED</b> INSURED NAME INSURED ADDRESS		INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		INSURANCE COMPANY NAME(S)		
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
<p>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.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	POLICY NUMBER	CURRENT POLICY PERIOD		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ VARIES PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>			
CITY OF KEIZER 930 CHEMAWA RD NE KEIZER OR 97303			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 SIGNATURE OF AGENT			

## ITEMS REQUIRED

- **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 \$1,000,000 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"**.
- Coverage Including Host Liquor Liability for your event if Alcohol is provided

***If you have any questions about this information please contact City of Keizer staff at 503-856-3408 or by email at keizercc@keizer.org***

POLICY NUMBER: <b>NUMBER MUST MATCH COI</b>	<b>COMMERCIAL GENERAL LIABILITY</b> CG 20 26 07 04		
<b>THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</b>			
<b>ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION</b>			
This endorsement modifies insurance provided under the following:			
COMMERCIAL GENERAL LIABILITY COVERAGE PART			
<b>SCHEDULE</b>			
<b>Name Of Additional Insured Person(s) Or Organization(s)</b>			
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%; padding: 5px;">                 CITY OF KEIZER                  930 CHEMAWA RD NE                  KEIZER OR 97303             </td> <td style="text-align: center; vertical-align: middle; font-size: 4em; color: red; opacity: 0.5;">                 Example             </td> </tr> </table>		CITY OF KEIZER 930 CHEMAWA RD NE KEIZER OR 97303	Example
CITY OF KEIZER 930 CHEMAWA RD NE KEIZER OR 97303	Example		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			
<p><b>Section II – Who Is An Insured</b> 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:</p> <p><b>A.</b> In the performance of your ongoing operations; or</p> <p><b>B.</b> In connection with your premises owned by or rented to you.</p>			

## 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.]

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