

Document B1: INSURANCE REQUIREMENTS FOR RENTAL OF TOWN PROPERTY

See Document B2 for an Insurance Certificate example and please include yours in its place.

All Event Promoters, vendors selling products, vendors offering an onsite service and/or having animals as part of their booth/event, and all companies delivering equipment to the event site (town owned property), will be required to attach an original copy of a Certificate of Insurance. Commercial General Liability Insurance in the amount of \$1 million each occurrence combined single limit for bodily injury and property damage liabilities and \$2 million aggregate is required.

The certificate must include the following information:

- The Town of Gilbert, its agents, officers, employees and volunteers are named as “Additional Insured.” All Certificate of Insurance policies must reflect this, with the exception of workers compensation.
- Address information should read: *Town of Gilbert, 50 E. Civic Center Drive, Gilbert, AZ 85296.*
- The insurance certificate needs to be received by the Special Events Office **at least fifteen (15) business days prior to the event.**
- The Town of Gilbert shall be notified at least 30 days prior to cancellation or alteration of any insurance coverage. A 10-day notice of cancellation for non-payment of premium must also be given.
- Workers Compensation Policies shall contain a Waiver of Subrogation clause in favor of the Town of Gilbert.
- General Liability:
Bodily Injury Contractual Independent Contractors Comprehensive Form
Product/Completed Operations Hazard Premises
Operation Personal Injury
Broad Form Property Damage

In addition, specific date(s) and locations(s) of the event - including set up and take down - must be stated clearly on the certificate.

OTHER INSURANCE OR RISKS

Fireworks Production

General Liability - \$10,000,000 each occurrence
Auto Liability - \$1,000,000 combined single limit (each accident)
Workers Compensation – Arizona Statutory Requirements

Carnival/Amusement Rides

\$2,000,000 General Liability
\$1,000,000 Auto Liability
Workers Compensation – Arizona Statutory Requirements

Alcohol Sales and Consumption Endorsement

Document B2: INSURANCE CERTIFICATE EXAMPLE

This is an Insurance Certificate example. Please submit your insurance certificate in its place.

ACORD CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY)	
PRODUCER (708) 636-3900 Westpoint/Carr Insurance Group 5625 West 79th Street Burbank IL 60459- INSURER The Company X 62 N. Gilbert Road Gilbert AZ 85234-			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURERS AFFORDING COVERAGE			NAIC#		
INSURER A: CAPITOL INDEMNITY CO					
INSURER B:					
INSURER C:					
INSURER D:					
INSURER E:					
COVERAGES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSURANCE LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS GENERAL AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC	CP86395	04/21/2018	04/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NO N-OWNED AUTOS	CP86395	04/21/2018	04/22/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PRO PERTY DAMAGE (Per accident) \$ 1,000,000
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> INC. STAT. TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATION/SILOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS CERTIFICATE HOLDER IS ALSO ADDITIONAL INSURED					
CERTIFICATE HOLDER () - () - TOWN OF GILBERT 50 E CIVIC CENTER DRIVE GILBERT AZ 85296 ACORD 25 (2001/08)			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Shawn Formanick</i>		