Bend Park & Recreation DISTRICT

RENTAL INSURANCE REQUIREMENTS

Bend Park and Recreation District may require proof of insurance coverage(s) that meets or exceeds the minimum requirements stated in the applicable agreement, as generally described below unless otherwise exempted. This document is provided for convenience and does not change or alter the requirements of any applicable agreement.

GENERAL LIABILITY COVERAGE

Minimum amount of general liability coverage (may be met by a combination of comprehensive general liability and umbrella liability policies) depends on rental specifics. Please refer to the chart on page 2 to determine which insurance coverage is needed.

- **Minimum**
  - Per occurrence of bodily injury, personal injury and property damage: **$1,000,000**
  - General aggregate: **$1,000,000**
- **Intermediate**
  - Per occurrence of bodily injury, personal injury and property damage: **$2,000,000**
  - General aggregate: **$2,000,000**
- **Maximum**
  - Per occurrence of bodily injury, personal injury and property damage: **$2,000,000**
  - General aggregate: **$4,000,000**

CERTIFICATE REQUIREMENTS

The district requires a Certificate of Insurance (COI) evidencing sufficient coverage as required by the applicable agreement, including the additional insured, all required amendatory endorsements and declarations.

- **Additional Insured**: All applicable liability policies must name Bend Park and Recreation District, its officers, employees, and agents as additional insured parties.
- **Description of Operations**: When applicable, must list: event date, event name, and event location.
- **Certificate Holder**: Bend Park and Recreation District, 799 SW Columbia St., Bend, OR 97702
- **Insured**: The name of the insured and name on the BPRD Rental Agreement must match.

SUBCONTRACTOR REQUIREMENTS

By written agreement, persons reserving facilities must require all subcontractors, if any, to provide proof of general liability insurance at least equal to the minimum insurance requirements stated in this document and are solely responsible for obtaining and storing proof of subcontractors' insurance policies.

ALCOHOL CONSUMPTION

- **Host Liquor Liability:** If alcohol is being served/hosted, an additional rider for host liquor liability must be specified on the COI.
- **Liquor Liability:** If alcohol is being sold, the OLCC Liquor License must be present at the event and an additional rider for liquor liability must be specified on the COI.

INSURANCE PROVIDERS

The following non-exclusive list contains some insurance provider options. These providers are in no way preferred by the district. The district is not affiliated with these providers and cannot guarantee that they offer policies meeting our requirements, as their offerings may change from time to time, Fiesta Event Insurance (Habla Español), Event Helper, Event Insurance Now, Eventsured and BriteCo.

INSURANCE REQUIREMENT

Use the table below to determine the appropriate insurance category. **All rentals with alcohol and/or inflatables require a COI** based off their insurance category. If N/A is listed, the COI must meet the **Minimum** requirements.

TYPE OF FACILITY	LOCATION & NUMBER OF DAYS	NUMBER OF PEOPLE	INSURANCE CATEGORY
RENTAL HALL			
	Aspen Hall & Hollinshead Barn, single day	Any	Minimum
	Aspen Hall & Hollinshead Barn, two or more days (not including wedding setup)	Any	Intermediate
	Riverbend Community Room	Any	N/A
COMMUNITY & NEIGHBORHOOD PARKS			
	Park Rental, single day	100 or less	N/A
	Park Rental, two or more days	100 or less	Minimum
	Park Rental, single day	101 or more	Minimum
	Park Rental, two or more days	101 to 500	Minimum
	Park Rental, two or more days	501 to 2,000	Intermediate
	Park Rental, two or more days	2,001 or more	Maximum
ATHLETIC FIELDS			
	Athletic Field Rental	100 or less	N/A
	Athletic Field Rental	101 to 500	Minimum
	Athletic Field Rental	501 to 2,000	Intermediate
	Athletic Field Rental	2,001 or more	Maximum
	Athletic Field Rental	Reoccurring	Intermediate
LARKSPUR COMMUNITY CENTER / JUNIPER SWIM & FITNESS CENTER			
	Larkspur Community Center Event Room	Medium to large group	Minimum
	Larkspur Community Center Event Room (during operating hours)	Small group	N/A
	Classrooms, Group Ex Rooms, & Multi-Purpose Room	Any	N/A
	Any room rental with food heating element	Any	Minimum
THE PAVILION			
	Full Facility, any	Under 500	Minimum
	Full Facility, any	500 or more	Intermediate
	Pavilion Meeting/Party Room	Any	N/A
FILM PERMIT	Any	Any	Intermediate
PASS-THROUGH	Any	Any	N/A

QUESTIONS? Contact **Rentals & Events** at FacilityRentals@bendparksandrec.org or (541) 706-6149

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/2/2010

PRODUCER
Insurance Agent Name & Address

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.

INSURED: Name of Insurance holder

Name and address of Insured must match the name and address on the BPRD Rental Agreement

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Name of insurance company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE [ ] OCCUR [X] X Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC	Policy number	01/01/2010	01/01/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 1,000,000 $ 4,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
		OTHER					

MINIMUM

SAMPLE

FOR REFERENCE ONLY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: Name of Event, Date of Event, Location of Event

Bend Park & Recreation District is listed as additional insured.

CERTIFICATE HOLDER

Bend Park and Recreation District
799 SW Columbia Street
Bend, OR 97702

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/2/2010

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A	X	AUTOMOBILE LIABILITY x ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	Policy number	01/01/2010	01/01/2011	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
		OTHER					

INTERMEDIATE

SAMPLE
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: Name of Event, Date of Event, Location of Event

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Bend, OR 97702

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A	X	AUTOMOBILE LIABILITY [x] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	Policy number	01/01/2010	01/01/2011	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS / UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
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