

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

o Per occurrence of bodily injury, personal injury and property damage: \$1,000,000

o General aggregate: \$1,000,000

Intermediate

o Per occurrence of bodily injury, personal injury and property damage: \$2,000,000

o General aggregate: \$2,000,000

Maximum

Per occurrence of bodily injury, personal injury and property damage: \$2,000,000

o 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 <u>served/hosted</u>, an additional rider for host liquor liability must be specified on the COI.
- **Liquor Liability:** If alcohol is being <u>sold</u>, 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, <u>Fiesta Event Insurance (Habla Español)</u>, <u>Event Helper</u>, <u>Event Insurance Now</u>, and <u>Eventsured</u>.

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	Room Any					
COMMUNITY & NEIGHBORH							
	Park Rental, single day 100 or less		N/A				
	Park Rental, two or more days	100 or less	Minimum				
	Park Rental, single day	day 101 or more					
	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				
THLETIC 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					
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				

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



CERTIFICATE OF LIABILITY INSURANCE

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

		CERI	IFICATE OF LI	ADILITI	INSUKA	INCE	2/2/2010		
Insurance Agent Name & Address				ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	UED AS A MATTER OF RIGHTS UPON THATE DOES NOT AME FFORDED BY THE PO	HE CERTIFICATE ND, EXTEND OR		
					AFFORDING CO		NAIC#		
INSU	IRED	Name of Insurance h	nolder	INSURER A: Na	me of insur	ance company			
4				INSURER B:					
, , , , , , , , , , , , , , , , , , ,		e and address of Insured must make and address on the BPRD	atch	INSURER C					
, , , , , , , , , , , , , , , , , , ,		al Agreement		INSURER D:					
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INSR LTR I	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMI	TS		
		GENERAL LIABILITY			37	EACH OCCURRENCE	\$ 1,000,000		
		x COMMERCIAL GENERAL LIABILITY	Policy number	01/01/2010	01/01/2011	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
A	x	CLAIMS MADE X OCCUR				MED EXP (Any one person	\$ 10,000		
						PERSONAL & ADV INJURY	\$ 1,000,000		
		(Host Liquor Liability)				GENERAL AGGREGATE	\$ 1,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	4,000,000		
		POLICY PRO- JECT LOC							
		ANY AUTO ALL	MINI	MUIN	Л	COMBINED SINGLE LIMIT (Ea accident)	\$		
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		DEDUCTIBLE					\$		
		RETENTION \$					\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER	•		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$		
	(Man	datory in NH)				E.L. DISEASE - EA EMPLOYE	\$		
	SPE	ČIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$		
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_		ON OF OPERATIONS / LOCATIONS / VEHIC		EMENT / SPECIAL PRO	JVISIONS				
RE	: Nan	ne of Event, Date of Event, Location	on of Event						
Bei	nd Pa	ark & Recreation District is listed	as additional insured.						
CERTIFICATE HOLDER_			CANCELLA	CANCELLATION					
			SHOULD ANY O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
Bend Park and Recreation District			DATE THEREOF	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAILDAYS WRITTEN					
799 SW Columbia Street			NOTICE TO THE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL					
Bend, OR 97702			IMPOSE NO OB	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR					
				REPRESENTATIVES.					
				AUTHORIZED RE	AUTHORIZED REPRESENTATIVE				



CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER Insurance Agent Name & Address			ONLY AN	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 TH		FFORDED BY THE POL	LICIES		
INSU	RED	Name of Insurance h	nolder	INSURER A: Na	me of insur	ance company			
				INSURER B:					
, , , , , , , , , , , , , , , , , , ,		and address of Insured must ma me and address on the BPRD	atch	INSURER C:					
,		I Agreement		INSURER D:					
				INSURER E:					
CO	VER/	AGES		'					
AN PE	THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTAN DING 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.								
	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	s		
		GENERAL LIABILITY				EACH OCCURRENCE	\$	2,000,000	
		X COMMERCIAL GENERAL LIABILITY	Policy number	01/01/2010	01/01/2011	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
A	х	CLAIMS MADE X OCCUR	_			MED EXP (Any one person)	\$	10,000	
		X Host Liquor Liability/ Liquor Liability				PERSONAL & ADV INJURY	\$	1,000,000	
						GENERAL AGGREGATE	\$	2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC	INTERN	/IEDI	ATE	PRODUCTS - COMP/OP AGG \$		4,000,000	
		AUTOMOBILE LIABILITY X ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	х	ALL OWNED AUTOS SCHEDULED AUTOS	Policy number	01/01/2010	01/01/2011	BODILY INJURY (Per person)	\$		
		HIRED AUTOS NON-OWNED AUTOS	AMPLE			BODILY INJURY (Per accident)	\$		
						PROBERTE NO AMAGE	\$		
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		GARAGE LIABILITY	DR REFER	スロコンし		AUTO ONLY - EA ACCIDENT	5		
		ANY AUTO				ALITO ONLY:	\$		
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		OCCUR CLAIMS MADE				AGGREGATE	\$		
							\$		
		DEDUCTIBLE					\$		
		RETENTION \$				INC CTATU OTH	\$		
		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N				WC STATU- TORY LIMITS ER			
	ANY F	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$		
	(Man	datory in NH) , describe under				E.L. DISEASE - EA EMPLOYEE	\$		
	SPE	CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$		
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				EMENT / SPECIAL PRO	OVISIONS				
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Bei	nd Pa	rk & Recreation District is listed	as additional insured.						
		CATE HOLDER		CANCELLA	TION				
D			SHOULD ANY O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
Pend Park and Recreation District 799 SW Columbia Street Bend, OR 97702			DATE THEREOF	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAILDAYS 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					
			NOTICE TO THE						
			IMPOSE NO OB						
				REPRESENTAT	REPRESENTATIVES.				
			AUTHORIZED REPRESENTATIVE						
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DATE (MM/DD/YYYY)

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PRODUCER THIS CERTIFICATE IS ISSUED AS A M								
Insurance Agent Name & Address ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICAT HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND.						ID, EXTEND OR		
				INSURERS A	AFFORDING COV	/ERAGE	NAIC #	
INSU	RED	Name of Insurance h	nolder	INSURER A: Na	INSURER A: Name of insurance company			
4	lomo	and address of Insured must m	otoh	INSURER B:	INSURER B:			
N		ame and address on the BPRD	atcii	INSURER C:	INSURER C:			
		al Agreement		INSURER D:	INSURER D: INSURER E:			
				INSURER E:				
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	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	S	
		GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,000	
		X COMMERCIAL GENERAL LIABILITY	Policy number	01/01/2010	01/01/2011	PREMISES (Ea occurrence)	\$ 1,000,000	
A	X	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$ 10,000	
		Host/ Liquor Liability	RAAXI		Л	PERSONAL & ADV INJURY	\$ 1,000,000	
			MAXI		\ /	GENERAL AGGREGATE	4 ,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:	1 4 17 17 11		v 1	PRODUCTS - COMP/OP AGG \$	4,000,000	
		POLICY PRO- JECT LOC				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
A	x	ALL OWNED AUTOS SCHEDULED AUTOS	Policy number	01/01/2010	01/01/2011	BODILY INJURY (Per person)	\$	
		HIRED AUTOS				BODILY INJURY	\$	
		NON-OWNED AUTOS	AMPLE			(Per accident) [Per Berger PAMAGE	\$	
			DR REFE	DENIC		IV		
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		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG	\$	
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		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N				WC STATU- OTH- TORY LIMITS ER		
	ANY F	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
	(Man	datory in NH) , describe under				E.L. DISEASE - EA EMPLOYEE	\$	
	SPEC	CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
	OTHE	ER .						
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDOF	RSEMENT / SPECIAL PRO	VISIONS			
		ne of Event, Date of Event, Location						
Bend Park & Recreation District is listed as additional insured.								
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Bend Park and Recreation District				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN				
799 SW Columbia Street Bend, OR 97702				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.				