

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>, <u>Eventsured</u> and <u>BriteCo</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	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			

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



CERTIFICATE OF LIABILITY INSURANCE

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

	OLIVI		ADILIII	1113017		2/2/2010		
PRODUCER Insurance	ce Agent Name & Add	iress	ONLY AN HOLDER.	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.				
				AFFORDING CO		NAIC #		
INSURED I	Name of Insurance h	nolder			ance company	IVAIC #		
			INSURER B:	<u>01 1041</u>	ance company			
	d address of Insured must m	atch	INSURER C					
	and address on the BPRD greement		INSURER D:					
			INSURER E:			Ų i		
COVERAGE	-							
ANY REQUI PERTAIN, T	REMENT, TERM OR CONDITION THE INSURANCE AFFORDED BY	OW HAVE BEEN ISSUED TO THE I I OF ANY CONTRACT OR OTHER I Y THE POLICIES DESCRIBED HER Y HAVE BEEN REDUCED BY PAID O	DOCUMENT WITH R REIN IS SUBJECT ⁻ CLAIMS.	ESPECT TO WHICH	H THIS CERTIFICATE MAY	BE ISSUED OR MAY		
NSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMI	rs		
GE	NERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000		
х	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)			
Y	Hoot Liquor Liability				PERSONAL & ADV INJURY			
	Host Liquor Liability				GENERAL AGGREGATE	\$ 1,000,000		
GEN	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	4,000,000		
	TOMOBILE LIABILITY AUTO ALL	MINI	NIIN	/	COMBINED SINGLE LIMIT (Ea accident)	\$		
	WNED AUTOS SCHEDULED AUTOS	10111 411		y 1	BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS	AMPLE			BODILY INJURY (Per accident)	\$		
	-		DENIC		(PEPERAL) AMAGE	\$		
GAF		DR REFER	KEINC		UTO (NLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG			
EXC	CESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
	OCCUR CLAIMS MADE				AGGREGATE	\$		
	1				22	\$		
	DEDUCTIBLE				2	\$		
WORKER	RETENTION \$				WC STATU- TOTH-	\$		
AND EMPI	S COMPENSATION LOYERS' LIABILITY Y/N				TORY LIMITS ER	-		
ANY PROP OFFICER/M (Mandator	RIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$		
If yes, desc	cribe under				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT			
OTHER	PROVISIONS below				E.L. DISEASE - POLIC T LIWIT	4		
		CLES / EXCLUSIONS ADDED BY ENDORS	EMENT / SPECIAL PRO	VISIONS				
	f Event, Date of Event, Location Recreation District is listed a							
	TEHOLDER		CANCELLAT	TION				
			1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
Bend Park and Recreation District				DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAILDAYS WRITTEN				
700 SW Columbia Street				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
799 SW Columbia Street Bend, OR 97702				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
				REPRESENTATIVES.				
	<u> </u>		AUTHORIZED RE	PRESENTATIVE				



CERTIFICATE OF LIABILITY INSURANCE

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

400				1.50-5				2/	2/2010	
Insurance Agent Name & Address			ONLY AN HOLDER.	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 A	AFFORDING COV	/ERAGE	N	AIC#	
INSU	RED	Name of Insurance h	nolder		INSURER A: Na	me of insur	ance company			
N	lame	and address of Insured must ma	atch		INSURER B:					
		ame and address on the BPRD			INSURER C:					
F	Renta	I Agreement			INSURER D:					
CO	VFR	AGES			INSURER E:					
TH All PE PC	HE PONY REERTAI	DUICIES OF INSURANCE LISTED BEL COUIREMENT, TERM OR CONDITION N, THE INSURANCE AFFORDED BY ES. AGGREGATE LIMITS SHOWN MAY	OF ANY CONT Y THE POLICIE	RACT OR OTHER D S DESCRIBED HER	OCUMENT WITH F EIN IS SUBJECT ' LAIMS.	RESPECT TO WHICH TO ALL THE TERM	THIS CERTIFICATE MAY E	BE ISS	UED OR MAY	
	ADD'L NSRD	TYPE OF INSURANCE	POLIC	Y NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	OLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YYYY) LIMITS				
		GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000	
	.,	X COMMERCIAL GENERAL LIABILITY	Policy numb	er	01/01/2010	01/01/2011	PREMISES (Ea occurrence)	\$	1,000,000	
A	Х	CLAIMS MADE X OCCUR Host Liquor Liability/Liquor Liability					MED EXP (Any one person)		10,000	
		Host Liquor Liability/ Liquor Liability					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$	2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:	INI	TERN		Λ TC	PRODUCTS - COMP/OP AGG \$	Ψ	4,000,000	
		POLICY PRO- JECT LOC			ハロロル	41 🗀			_,,,,,,,,,	
		AUTOMOBILE LIABILITY ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	х	ALL OWNED AUTOS SCHEDULED AUTOS	Policy numl	ber	01/01/2010	01/01/2011	BODILY INJURY (Per person)	\$		
		HIRED AUTOS NON-OWNED AUTOS	AMP	l F			BODILY INJURY (Per accident)	\$		
			XI V I I				(PEPEERJEKI) AMAGE	\$		
			D E	REFER	DENIC		IV			
		ANY AUTO			\LIVC	L ON	AUTO ONLY - EA ACCIDENT S	<u>e</u>		
		711171010					ALITO ONLY:	\$		
		EXCESS /UMBRELLA LIABILITY					EACH OCCURRENCE	\$		
		OCCUR CLAIMS MADE					AGGREGATE	\$		
								\$		
		DEDUCTIBLE						\$		
	WOR	RETENTION \$ KERS COMPENSATION					WC STATU- OTH- TORY LIMITS ER	\$		
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE					TORY LIMITS ER E.L. EACH ACCIDENT	\$		
	OFFIC (Man	CER/MEMBER EXCLUDED? datory in NH)					E.L. DISEASE - EA EMPLOYEE			
	If yes	, describe under CIAL PROVISIONS below					E.L. DISEASE - POLICY LIMIT	\$		
	ОТН	≣R								
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSION	IS ADDED BY ENDORSE	EMENT / SPECIAL PRO	OVISIONS				
RE:	Nan	ne of Event, Date of Event, Locati	on of Event							
		PROPERTY OF THE PROPERTY OF TH								
Bei	nd Pa	rk & Recreation District is listed	as additional i	nsured.						
CEI	RTIF	CATE HOLDER_			CANCELLA	TION				
Road Dayle and Respection District					SHOULD ANY O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
Bend Park and Recreation District						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				
799 SW Columbia Street										
Be	Bend, OR 97702					IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
						AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY)

		CERI	IFICATE OF L	IABILITY	INSURA	NCE	2/2/2010		
PRO	DUCEF	र		THIS CERT	TIFICATE IS ISS	UED AS A MATTER O	F INFORMATION		
Insurance Agent Name & Address ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.							ND, EXTEND OR		
				INSURERS A	INSURERS AFFORDING COVERAGE				
INSU	Name of Insurance holder				INSURER A: Name of insurance company				
4	lama	and address of Insured must m	atab	INSURER B:					
<u> </u>		ame and address of insured must in	laten	INSURER C:					
<u>) </u>		al Agreement		INSURER D:					
				INSURER E:					
		AGES							
Al Pl Pl	NY RE ERTAI DLICIE	DLICIES OF INSURANCE LISTED BEL QUIREMENT, TERM OR CONDITION N, THE INSURANCE AFFORDED BY ES. AGGREGATE LIMITS SHOWN MA	I OF ANY CONTRACT OR OTHER Y THE POLICIES DESCRIBED HI	R DOCUMENT WITH R EREIN IS SUBJECT 1 CLAIMS.	ESPECT TO WHICH TO ALL THE TERM	THIS CERTIFICATE MAY I	BE ISSUED OR MAY		
INSR LTR I	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	RAAX/I	N / I I N		PERSONAL & ADV INJURY	\$ 1,000,000		
			MAXI		./	GENERAL AGGREGATE	4 ,000,000		
		GEN'L AGGREGATE LIMIT APPLIES PER:	1 7 1 / 7 / 1		V I	PRODUCTS - COMP/OP AGG \$	4,000,000		
		POLICY PRO- JECT LOC							
		X ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
A	х	ALL OWNED AUTOS	Policy number	01/01/2010	01/01/2011	BODILY INJURY	•		
		SCHEDULED AUTOS				(Per person)	\$		
		HIRED AUTOS				BODILY INJURY	•		
		NON-OWNED AUTOS	AMPLE			(Per accident)	\$		
						PROPERTE PAMAGE	\$		
		GARAGE LIABILITY	DR REFE	RENC	$F \cap N$	AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO				OTHER THAN EA ACC	\$		
						AUTO ONLY: AGG	\$		
		EXCESS /UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
		OCCUR CLAIMS MADE				AGGREGATE	\$		
							\$		
		DEDUCTIBLE					\$		
		RETENTION \$					\$		
		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	EK							
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	CLES / EXCLUSIONS ADDED BY ENDOR	RSEMENT / SPECIAL PRO	VISIONS				
RE	Nam	ne of Event, Date of Event, Location	on of Event						
Be	nd Pa	rk & Recreation District is listed	as additional insured.						
CEI	CERTIFICATE HOLDER CANCELLATION								
		and and Branchi Billia		SHOULD ANY OF	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				
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					REPRESENTATIVES.				
				AUTHORIZED RE	PRESENTATIVE				