

Recreation Services

CERTIFICATE OF INSURANCE REQUIREMENTS

The City of Tempe has established insurance and certificate of insurance requirements for those facility users, vendors and contractors entering into agreements with the City. Before commencing use of services under agreement, the City must be furnished with a certificate of insurance.

The certificate should contain the following:

1. The City of Tempe named as an additional insured. (To be indicated in the Descriptions or Comments Box)
2. The City of Tempe shall be notified at least 30 days prior to cancellation of the above insurance coverage.
3. The insurance should be primary to the City of Tempe self-insurance retention.
4. The minimum* limits of liability per occurrence must be:

Per Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Liquor (if it is served and permissible)	\$5,000,000
Worker's Compensation	\$500,000 minimum by State Statute
Auto Liability Including Owned, Hired & Non-Owned	\$1,000,000

- Some activities may require increased liability limits.

How important is the certificate of insurance?

The insurance requirement should be your first priority because *your event or activity will not be approved or scheduled until a proper Certificate of Insurance is received.* It is in your best interest not to advertise your event until the requirement has been met.

The Recreation Services Department staff will not work with insurance companies on the insurance compliance within the 24-hour period before the event or the last working day before the event.

If you are having difficulties securing proper insurance coverage, the City of Tempe Risk Management division will be happy to assist you.

Liquor Liability

- If your event is cleared for alcohol, you will need to provide proof of liquor liability coverage in the amount of \$2,000,000.

For further information call:

Recreation Services
Chris Hanson, Risk Management

(480) 350-5200 email: PKRec@tempe.gov
(480) 350-2904 email: Christopher.Hansen@tempe.gov

MARSH

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
COT-001234567-04

PRODUCER

HARTH USA Inc.
1234 ALL AMERICA WAY
P.O. BOX 4444
COLUMBUS, OH 12345-4444
ATTN: JOHN DOE FAX (000) 123-4567
EMAIL: HARTH.REQUEST@DOE.COM

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY A N/A

INSURED

EVENTS XYZ GROUP INC.
987 STREET BLVD.
TEMPE, AZ 43210-9876

COMPANY B ABC INSURANCE UNITED, INC.

COMPANY C DEF INSURANCE

COMPANY D GHI INSURANCE

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/YY)	POLICY EXPIRATION DATE (MM/YY)	LIMITS		
B	GENERAL LIABILITY	GP012345678	12/31/10	12/31/11	GENERAL AGGERATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$	
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000	
					FIRE DAMAGE	\$	
					MED EXP (Any one person)	\$	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
B	EXCESS LIABILITY	US000012345104A	12/31/10	12/31/11	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
C D D E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC1234567 (AOS) WC9876543 (CA) WC0123456(NJ,PA,CT) WC3456789(OR)	12/31/10 12/31/10 12/31/10 12/31/10	12/31/11 12/31/11 12/31/11 12/31/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER	
	<input checked="" type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input type="checkbox"/> INCL	EL EACH CCIDENT	\$ 500,000
					<input type="checkbox"/> EXCL	EL DISEASE-POLICY LIMIT	\$ 1,000,000
						EL DISEASE-EACH EMPLOYEE	\$ 1,000,000
	OTHER						

DESCRIPTIONS OF OPERATIONS/LOCATIONS,VEHICLES/SPECIAL ITEMS

THE CITY OF TEMPE IS INCLUDED AS ADDITIONAL INSURED.
(The word *NEGLIGENCE* may not be used in the description. Instead the word *OPERATIONS* may be substituted)(Include Additional Insured Endorsement)

CERTIFICATE HOLDER

CITY OF TEMPE
3500 S. RURAL RD.
TEMPE, AZ 85282

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBGIGATION OR LIABILITY OF ANY KIND UPON THE AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.
BY: Tempe Teddy

MM1 (3/02)

VALID AS OF: 07/14/04