

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

O 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>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 meeting the requirements below; 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 & NEIGHB	ORHOOD 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

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PRODUCE Insur	R <mark>ance Agent Name & Ad</mark> d	lress	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	Name of Insurance h	nolder			ance company	10.110		
-			INSURER B:					
	e and address of Insured must managed ame and address on the BPRD	atch	INSURER C					
	al Agreement		INSURER D:					
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	GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000		
_	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)			
	Host Liquor Liability				PERSONAL & ADV INJURY			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 1,000,000 \$ 4,000,000		
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	AUTOMOBILE LIABILITY ANY AUTO ALL	MINI	NIIN	/	COMBINED SINGLE LIMIT (Ea accident)	\$		
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CERTIF	ICATE HOLDER		CANCELLAT	ION				
				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 Bend, OR 97702			NOTICE TO THE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
			IMPOSE NO OB	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
			9	REPRESENTATIVES.				
			AUTHORIZED RE	PRESENTATIVE				



CERTIFICATE OF LIABILITY INSURANCE

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

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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:					
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		GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000	
	.,	X COMMERCIAL GENERAL LIABILITY	Policy num	ber	01/01/2010	01/01/2011	PREMISES (Ea occurrence)	\$	1,000,000	
A	X	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	ITERN		Λ TC	PRODUCTS - COMP/OP AGG \$	Ψ	4,000,000	
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		AUTOMOBILE LIABILITY ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A	Х	ALL OWNED AUTOS SCHEDULED AUTOS	Policy num	nber	01/01/2010	01/01/2011	BODILY INJURY (Per person)	\$		
		HIRED AUTOS NON-OWNED AUTOS	AMP	l F			BODILY INJURY (Per accident)	\$		
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		DEDUCTIBLE						\$		
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	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE					TORY LIMITS ER E.L. EACH ACCIDENT	\$		
	(Man	CER/MEMBER EXCLUDED?					E.L. DISEASE - EA EMPLOYEE	\$		
	SPE	, describe under CIAL PROVISIONS below					E.L. DISEASE - POLICY LIMIT	\$		
	ОТНІ	ER								
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	 CLES / EXCLUSIO	NS ADDED BY ENDORSE	EMENT / SPECIAL PRO	OVISIONS				
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			1.00							
Bei	nd Pa	ark & Recreation District is listed	as additional	insured.						
CEI	RTIF	ICATE HOLDER			CANCELLA	TION				
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 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				
799 SW Columbia Street										
Be	Bend, OR 97702					REPRESENTATIVES.				
_						AUTHORIZED REPRESENTATIVE				



DATE (MM/DD/YYYY)

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Insurance Agent Name & Address ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTEND ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW						ND, EXTEND OR			
				INSURERS A	AFFORDING COV	/ERAGE	NAIC#		
INSU	Name of Insurance holder			INSURER A: Na	INSURER A: Name of insurance company				
4	lama	and address of Insured must m	atab	INSURER B:					
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		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	1	PERSONAL & ADV INJURY	\$ 1,000,000		
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		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)	\$		
						PROPERTY PAMAGE	\$		
		GARAGE LIABILITY	DR REFE	RENC		AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO				OTHER THAN EA ACC	\$		
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	ANY F	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$		
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	SPEC	CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$		
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DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHIC	CLES / EXCLUSIONS ADDED BY ENDOR	RSEMENT / SPECIAL PRO	VISIONS				
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Be	nd Pa	rk & Recreation District is listed	as additional insured.						
CEI	RTIFI	CATE HOLDER		CANCELLAT	<u> </u>				
David David and Description District					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
Be	end P	ark and Recreation District		DATE THEREOF	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAILDAYS WRITTEN				
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					REPRESENTATIVES.				
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