



Public Works Department

555 Liberty Street SE, Room 325, Salem OR 97301-3513

Phone 503-588-6261 • Fax 503-588-6025

RISK MANAGEMENT INSURANCE REQUIREMENTS

The City of Salem has received a request for use of a public property for an event. In order to proceed with approval of the permit, it has been determined a Certificate of Insurance is required.

Please follow these instructions.

1. The City of Salem requires certificates of insurance in an amount determined by the City's Risk Manager. Unless otherwise specified, the limit amounts should be as noted below. See the sample form included.

General Aggregate	\$2,000,000	Products - Comp/Op Agg	\$2,000,000
Personal and Adv Injury	\$2,000,000	Fire Damage	\$50,000
Each Occurrence	\$2,000,000	Med Exp	\$5,000

2. The certificate of insurance is to be submitted naming **"the City of Salem, its Officers, Employees, Agents, and Volunteers"** as **additional insured**.
3. The certificates should also include the following:
 - **Ten-day** written "Notice of Cancellation"; and
 - Cancellation section: Strike the words "endeavor to" and "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives." The section should state: "Should any of the above-described policies be canceled before the expiration date thereof, the issuing company **will** mail ten days written notice to the certificate holder named to the left."
4. When insurance is required, we are required to OBTAIN an original certificate of insurance that is issued to the certificate holder as follows:

City of Salem Public Works Department
Parks and Recreation
555 Liberty Street SE, Room 325
Salem OR 97301-3513

5. Any questions regarding insurance matters can be directed to Melinda Moon, Recreation Coordinator, or Becky George, Recreation Supervisor, at 503-588-6261.
6. **Certificates must be received in our office 30 days prior to your event or program.**

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY)	
PRODUCER		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.					
		COMPANIES AFFORDING COVERAGE					
		COMPANY A Insurance Co.					
INSURED		COMPANY B					
		COMPANY C					
		COMPANY D					
COVERAGES							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENTS, 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 DESIRED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	01AP09476510	01/01/22	01/01/23	GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONT. PROT				PRODUCTS – COMP/OP AGG	\$2,000,000	
					PERSONAL & ADV INJURY	\$2,000,000	
					EACH OCCURRENCE	\$2,000,000	
					FIRE DAMAGE (Any one fire)	\$ 50,000	
					MED EXP (Any one person)	\$ 5,000	
A	AUTOMOBILE LIABILITY (Check the appropriate coverage.)	01CC3902013	01/01/22	01/01/23	COMBINED SINGLE LIMIT	\$	
	<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTO				BODY INJURY (PER PERSON)	\$	
					BODILY INJURY (PER ACCIDENT)	\$	
					PROPERTY DAMAGE	\$	
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY:	\$	
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
	WORKER'S COMPENSATION AND EMPLOYEE'S LIABILITY	WC2249276G	01/01/22	01/01/23	<input checked="" type="checkbox"/> WC STATUTORY LIMITS		
	THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE: <div> <input type="checkbox"/> INC. <input type="checkbox"/> EXCL. </div>				OTHER		
					EL EACH ACCIDENT	\$	
					EL DISEASE – POLICY LIMIT	\$	
					EA DISEASE – EA EMPLOYEE	\$	
	OTHER						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS							
The City of Salem, its officers, agents, employees, and volunteers are named as additional insured with respect to work performed on their behalf by the insured.							
CERTIFICATE HOLDER				CANCELLATION			
City of Salem Public Works Department Recreation Services 555 Liberty Street SE, Room 325 Salem, OR 97301-3513				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
				Authorized Signature:			