



**Community Services Department
Parks and Recreation Division**

1457 23rd Street SE • Salem, OR 97302 • Phone 503-588-6336 • FAX 503-588-6305
Mailing Address: PO BOX 14300, Salem, OR 97309-1457

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 Community Services
Parks and Recreation
P.O. Box 14300
Salem OR 97309-1457

5. Any questions regarding insurance matters can be directed to Melinda Moon, Recreation Coordinator, Kathleen Swarm, Events Program Manager, 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.**

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.
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	COMPANIES AFFORDING COVERAGE
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	COMPANY A Insurance Co.
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INSURED	COMPANY B
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	COMPANY C
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	COMPANY D
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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	01/01/24	01/01/25	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS – COMP/OP AGG	\$2,000,000
	___ CLAIMS MADE ___X OCCUR				PERSONAL & ADV INJURY	\$2,000,000
	OWNER'S & CONT. PROT				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	01/01/24	01/01/25	COMBINED SINGLE LIMIT	\$
	<input checked="" type="checkbox"/> ANY AUTO				BODY INJURY (PER PERSON)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON OWNED AUTO					
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY:	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYEE'S LIABILITY	WC2249276G	01/01/24	01/01/25	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
	THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE:				OTHER	
	INC.				EL EACH ACCIDENT	\$
	EXCL.				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 City of Salem Community Services Department, Parks and Recreation P.O. Box 14300 Salem, OR 97309-1457	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICES 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:
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