

Kitsap County Parks Department Insurance Requirements

LICENSEE shall obtain at its own cost and expense, commercial general liability insurance for their event dates.

THE FOLLOWING INFORMATION MUST BE ON THE CERTIFICATE OF INSURANCE:

- | | |
|---------------------------|--|
| Insurance Limits | <ul style="list-style-type: none">• No less than \$1,000,000 per Occurrence• No less than \$2,000,000 Aggregate |
| Type of Insurance | <ul style="list-style-type: none">• Commercial General Liability• General Aggregate Limit Applies Per Policy• Host Liquor Liability (Only have If alcohol is being sold or consumed during your event) |
| Description of Operations | <p>Please have the following listed in this area verbatim:</p> <ul style="list-style-type: none">• Kitsap County, Its Officers, Elected Officials, Agents, Employees & Volunteers• 614 Division St MS-1, Port Orchard |
| Certificate Holder | <p>Please have the following listed in this area verbatim:</p> <ul style="list-style-type: none">• Kitsap County, Its Officers, Elected Officials, Agents, Employees & Volunteers• 614 Division St MS-1, Port Orchard |
| Additionally Insured | <p>Please have the following listed in this area verbatim:</p> <ul style="list-style-type: none">• Kitsap County, Its Officers, Elected Officials, Agents, Employees & Volunteers• 614 Division St MS-1, Port Orchard |

SUGGESTED WEBSITES THAT OFFER EVENT INSURANCE:

- www.theeventhelper.com
 - <https://www.theeventhelper.com#HDbeYh>
 - Use the link above to simply put in your event details & our requirements are already loaded into this vendor's system.
- www.youeventinsurance.com
- www.eventinsurancenow.com
- www.everyinsurance.com
- www.greateventinsurance.com

Additional Information:

Kitsap County reserves the right to require a complete text of the liability policy.

All significant limitations and exclusions must be identified and included in the certificate of insurance. Event participants, employees, or volunteers shall not be excluded from coverage in the policy.

Kitsap County reserves the right to reject any Certificate of Insurance or other evidence of coverage if in their opinion such coverages do not meet their standards or comply with insurance requirements or fails to provide adequate protection for Kitsap County.

Kitsap County may at its sole discretion require higher limits of bodily injury and property damage liability insurance depending on exposure of risk.

Insurers must have an A.M. Best rating of at least A-, VII.



Example Policy

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/26/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Will Maddux
	PHONE (A/C. No, Ext): (530) 477-6521 FAX (A/C. No):
	E-MAIL ADDRESS: info@theeventhelper.com
	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A : Loyds Syndicate 2623 NAIC # AA-1128623
	INSURER B : Loyds Syndicate 623 NAIC # AA-1128623
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

(Only Needed If you have Alcohol)

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 REQUIREMENT, 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 DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		EH-771318-L1030568	10/20/2018	10/21/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000
	<input checked="" type="checkbox"/> Host Liquor Liability						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> Retail Liquor Liability						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ INCLUDED
	OTHER:						Deductible \$ 1,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> Hired AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						PER STATUTE
	RETENTION \$						OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

KITSAP COUNTY, ITS OFFICERS, ELECTED OFFICIALS, AGENTS, EMPLOYEES AND VOLUNTEERS shall be listed as additional insured at the following address: 614 Division St MS-1, Port Orchard, WA 98366

CERTIFICATE HOLDER

CANCELLATION

Kitsap county County of kitsap, It's officers, Elected officials agents, employees And volunteers 614 division st MS-1 Port orchard WA 98366	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Kitsap county County of kitsap, It's officers, Elected officials agents, employees And volunteers 614 division st MS-1 Port orchard, WA 98366
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.