



CERTIFICATE OF INSURANCE REQUIREMENTS FOR PARKS AND RECREATION FACILITIES

The City of Mesa 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 Mesa named as additional insured.
2. The City of Mesa shall be notified at least 10 days prior to cancellation of the above insurance coverage.
3. The specific date(s) and location(s) of the event must be clearly stated on the certificate for one-time events.
4. The minimum limits of liability per occurrence must be:

Liability to others (Combined single limit)	\$1,000,000
Products – Comp/Op Aggregate	\$1,000,000
General Aggregate	\$2,000,000

Make sure the following is included on your insurance certificate:

Insured – Must list the name of the League/Organization
League Contact name(s) *
Address

*League contact name(s) on the insurance certificate and/or on file with the producer of the policy must match the name listed as the contact for the league/organization in the City of Mesa reservation database.

The City of Mesa will only accept reservations by the league contact person(s) ONLY.

If there is a change in league name or league contact person(s), an updated insurance policy must be submitted to the City of Mesa before any new reservations can be made.

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. DO NOT advertise your event until the requirement is met and an official reservation permit has been received. For further information: (480) 644-2352.

City of Mesa SAMPLE Insurance Policy

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

Insurance Company, Inc.
12345 E. First Street
Anytown, AZ 80000
Phone: 480-555-1234 Fax: 480-555-5678

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 AFFORDING COVERAGE

INSURED

Lessee of City-Owned Property (Company Name)
Contact Person/Owner/President Name
123 E. Main St.
Anytown, AZ 80000

INSURER A: ABC Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	ABC123456 (TBA is not acceptable- actual policy number must be listed)	10/10/10	10/10/11	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person)	\$
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>				PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS -COMP/OP AGG	\$ 1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO				BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		HIRED AUTOS					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	\$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
		OTHER				E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

THE CITY OF MESA, ARIZONA, ITS EMPLOYEES, OFFICIALS, VOLUNTEERS, OFFICERS, AGENTS AND ELECTED OFFICIALS ARE NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED.

PLEASE ATTACH ADDITIONAL INSURED ENDORSEMENT ISO CG 2024 (11/85), OR ITS EQUIVALENT.

10 DAYS NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER

City of Mesa
Parks and Recreation Department
200 S Center St, Bldg 1
Mesa, AZ 85210
FAX: (480)644-3369

C

ANCELLATION

HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS 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 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John Doe

John Doe

Policy Number: XXXXXXXXXX

Name of organization Insured

CG

Commercial General liability

20 26 07 04

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)
City of Mesa Parks and Recreation Dept. 200 S Center St, Bld 1 Mesa, AZ 85210
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” caused, in whole or 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.