

# Certificate of Insurance Requirements for Outdoor Facility Rentals

A Certificate of Insurance is required when the event includes: 1) Vendor, company, or organization on site, doing set-up and/or teardown on District property. 2) Bounce house, petting zoo, pony ride, portable toilet, organized athletic activity, caterer, or other activity the District would consider high risk. Insurance Requirements:

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MMDD/YYYY) 05/24/2021


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: PHONE: FAC No. Ext: E-MAIL: ADDRESS:	FAX (FAC. No.):
INSURED  COMPANY NAME COMPANY ADDRESS	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 SUBR (IND) WVD	POLICY NUMBER	POLICY EFF (MMDDYY/YY)	POLICY EXP (MMDDYY/YY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <small>See policy for details</small>	Y				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <small>See policy for details</small>					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <small>See policy for details</small>					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANTI-PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUSION (Mandatory in NH) <small>If ins. division under REGISTRATION OR OPERATIONS below</small>	Y/N N/A				PER STATUTE / OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - SA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
The Waukegan Park District is named additional insured.						
CERTIFICATE HOLDER			CANCELLATION			
Waukegan Park District 1324 Golf Rd Waukegan IL 60087			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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The minimum coverage must consist of General Liability and Excess/Umbrella Liability limits combined to equal \$1,000,000 each occurrence and \$2,000,000 general aggregate. Notice will be given if higher limits are needed. Athletic events must include athletic participation.

Automobile Liability is needed if a vehicle other than a passenger car, truck or cargo van is brought on District property. Examples: RVs, CDL vehicles, or trailers.

Worker's Compensation is needed if employees are used to setup and/or breakdown equipment or provide a service such as catering.

The Waukegan Park District must be added as an additional insured to the General Liability policy.

Certificate Holder should be stated as: Waukegan Park District, 1324 Golf Rd, Waukegan, IL 60087.

Evidence of insurance must be filed with and approved by District at least one (1) week prior to the scheduled date of an event on District property. If you don't have your own insurance agent, please visit Event Helper as an option for insurance coverage. Event Helper: [https://www.theeventhelper.com/?session=pdrma?utm\\_source=PCProgCoun\\_SCs\\_SpvrRecs&utm\\_medium=email&utm\\_campaign=April\\_28\\_2015\\_EventHelper\\_Button](https://www.theeventhelper.com/?session=pdrma?utm_source=PCProgCoun_SCs_SpvrRecs&utm_medium=email&utm_campaign=April_28_2015_EventHelper_Button).

Please contact Lali Salinas with questions at 847-360-4725 or by email at [lsalinas@waukeganparks.org](mailto:lsalinas@waukeganparks.org).

**Your vendor may already be approved—Check the Approved Vendor List on the [waukeganparks.org/permits](http://waukeganparks.org/permits) page.**