



**Community Services Department
Parks and Recreation Division**

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

RISK MANAGEMENT INSURANCE REQUIREMENTS

The City of Salem (“City”) has received a request for use of a public property for a public event and/or activity. It has been determined a Certificate of Insurance (“COI”) is needed as part of the Permit and Application process.

Please follow these requirements:

1. In an amount determined by the City's Risk Manager, unless otherwise specified, the liability amounts should include:

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 COI needs to include the following:
 - Under Additional Insured, **“The City of Salem, its Officers, Employees, Agents, and Volunteers are named as additional insured with respect to work performed on their behalf by the insured.”**
 - Under Cancellation, **“Should any of the above-described policies be canceled before the expiration date thereof, the issuing company will mail ten (10) days written notice to the certificate holder named to the left.”**
3. Submit the COI at the same time as the Facility Use Permit and Application. The COI should be received by our office thirty (30) days prior to the permitted event date.

If the COI needs to be submitted separately, it can be emailed to parksandrecreation@cityofsalem.net or through the USPS addressed to:

City of Salem Community Services Dept.
Attn: Parks and Recreation
PO Box 14300
Salem, OR 97309-1457

For questions about the COI, contact one of the following people:

Kathleen Swarm, Riverfront Event Manager, kswarm@cityofsalem.net
Melinda Moon, Community Sports and Events Manager, mmoon@cityofsalem.net
Marlene Cisneros, Events and Recreation Coordinator, mcisneros@cityofsalem.net
Baseball and Softball Fields, softball@cityofsalem.net

All can be reached at 503-588-6261. Press "0" when prompted.

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	01/01/26	01/01/27	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	01/01/26	01/01/27	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	01/01/26	01/01/27	<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 Attn: Parks and Recreation P.O. Box 14300 Salem, OR 97309-1457	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL TEN (10) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. Authorized Signature:
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