



City of Mansfield

Event Insurance Guidelines

MAYOR JODIE A. PERRY

30 N. Diamond Street - Mansfield, OH 44902 – Office 419-755-9736

The following insurance guidelines shall apply when an event is held on city property and involves any of the following:

- Expected attendance of 1,000 or more people;
- The display of fireworks;
- The sale of alcoholic beverages;
- The operation of carnival/amusement rides;
- Races/marathons/sporting events on public roads/parks/multi-use paths;
- Operation of inflatable jump/bounce house.

The applicant/event producer must comply with the following insurance requirements to be considered for an event permit. The applicant/event producer and the vendors that are contracted by them must purchase and maintain, for the duration of event including setup and dismantling, the following types of insurance at their expense:

1. **GENERAL LIABILITY INSURANCE:** If the applicant is a business or group, a commercial general liability insurance policy, or its equivalent, written on an occurrence basis, with a minimum of \$1,000,000 combined single limit of liability per occurrence for bodily injury, personal injury, or property damage is required. If food or beverages are to be served, then product liability coverage must also be included with a minimum of \$1,000,000 per occurrence.
 - a. **Fireworks Displays.** If the applicant/event producer intends to display fireworks, and obtains pyrotechnics permit from the City of Mansfield Fire Department, or contracts with a pyrotechnic vendor who obtains the permit, then the minimum combined single limit of liability, for all pyrotechnics displays is \$2,000,000 per occurrence. The amount may be increased at the discretion of the City based on potential risk of the event. The company that actually launches the fireworks must provide a liability certificate of insurance for \$2,000,000 per occurrence, including the City of Mansfield as an additional insured and listing the date(s) of the event.
 - b. **Individual Applicant.** If the applicant/event producer is not a business or group, but instead an applicant who is an individual, who expects more than 1,000 attendees to the event, and/or intends to serve or sell alcoholic beverages at the event, the applicant/event producer must provide proof of personal liability insurance in the amount of not less than \$500,000 combined single limit through either a homeowner's policy or other liability insurance policy by submitting a certificate of insurance.
 1. If alcohol is served or sold by the individual, the certificate of insurance must specify that the incidental/host liquor liability coverage applies for this particular event and specify the date of the event.
 - c. **Notice of Policy Cancellation.** All insurance policies must state the City of Mansfield will be notified at least ten (10) days in advance of any intent by the insurance company to cancel or non-renew the applicant/event producer's insurance coverage.



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2. **LIQUOR LEGAL LIABILITY INSURANCE:** If the applicant/event producer is a business or group and intends to serve alcoholic beverages at the event and applicant is in the business of manufacturing, distributing, selling, or serving alcoholic beverages, then liquor legal liability coverage must be purchased by the actual firm which serves or sells the alcohol. It can be endorsed to the commercial general liability insurance policy or purchased separately. The minimum acceptable limit of liability per occurrence and aggregate is \$1,000,000.

a. **Host Liquor Liability Insurance.** If the applicant/event producer is a business which will serve or sell alcoholic beverages at the event and is not in the business of manufacturing, distributing, selling, or serving alcoholic beverages, then the applicant/event producer's commercial general liability policy, required above, should not include the ISO Form CG 21500989 liquor liability exclusion amendatory endorsement, or similar exclusion limiting coverage for serving or selling alcoholic beverages.

3. **COMMERCIAL JUMP/BOUNCE HOUSE.** Prior authorization is required and may be permitted in designated areas in selected city parks, Central Park is prohibited. Bounce House vendors must provide a valid "Amusement Ride Safety License" issued by the Ohio Department of Agriculture and proof of liability insurance. The public is not permitted to bring their personally owned equipment.

Bounce Houses shall not remain in City parks overnight. Bounce Houses shall be set up and removed only by trained and qualified representatives of the Bounce House Company in compliance with the manufacturer's specifications.

Bounce Houses shall be free standing and weighted. Stakes may be permitted in designated areas only within in City parks upon City approval. Confirmation of the location is required prior to the event. Bounce Houses shall not be tied or tethered to trees, tables or other park amenities or structures.

4. **OTHER.** The applicant/event producer and all vendors must list the City of Mansfield as an additional insured for the event on all commercial general liability and liquor legal liability insurance policies.

The City reserves the right to require insurance of applicants/event producers and/or vendors for activities other than those specifically mentioned above, or to increase the minimum acceptable limits of liability with the reasonable notice to the applicant/event producer.

The certificate of insurance must be submitted with the City of Mansfield Event Permit Application. Approval of insurance by the City does not in any way relieve or decrease the liability of the applicant/event producer or vendor. The City does not represent that the specified limits of liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the applicant/event producer or vendor.

All insurance must be placed with insurance companies with an AM Best Rating of no less the B+VI unless otherwise approved by Safety Service Director.



CERTIFICATE OF LIABILITY INSURANCE

A DATE (MM/DD/YYYY)

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 YOUR INSURANCE BROKER HERE B	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A: _____</td> <td>_____</td> </tr> <tr> <td>INSURER B: _____</td> <td>_____</td> </tr> <tr> <td>INSURER C: _____</td> <td>_____</td> </tr> <tr> <td>INSURER D: _____ D</td> <td>_____</td> </tr> <tr> <td>INSURER E: _____</td> <td>_____</td> </tr> <tr> <td>INSURER F: _____</td> <td>_____</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: _____	_____	INSURER B: _____	_____	INSURER C: _____	_____	INSURER D: _____ D	_____	INSURER E: _____	_____	INSURER F: _____	_____
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER C: _____	_____														
INSURER D: _____ D	_____														
INSURER E: _____	_____														
INSURER F: _____	_____														
INSURED PERMIT HOLDER NAME AND ADDRESS C															

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR J GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC K <input checked="" type="checkbox"/> OTHER: EVENT F	Y	Y				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
A	AUTOMOBILE LIABILITY M <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY F	Y	Y				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE G DED _____ RETENTIONS _____	Y	Y				EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE _____ OTH-ER _____ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	LIQUOR LIABILITY	Y	Y				

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

EVENT NAME AND DATE(S) **O**

CERTIFICATE HOLDER

CANCELLATION

CITY OF MANSFIELD **P**
 30 N. DIAMOND ST
 MANSFIELD, OH 44902

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 **Q**
 FROM INSURANCE COMPANY OR BROKERAGE

CERTIFICATE OF LIABILITY INSURANCE

Please review the template COI with the explanations below to make sure you understand all insurance requirements that are being asked of you for your event. Your Event Permit cannot be approved until your COI meets the specified requirements.

A	"A" is the date the COI is issued. This must be prior to or during the policy effective period specified in G.	<input type="checkbox"/>
B	B lists the name and address of the insurance broker or insurance company issuing the COI. This corresponds with the "authorized representative" whose signature appears in N.	<input type="checkbox"/>
C	C is the name and address of the insured. The "insured" MUST be the same as the name of the applicant on the Event Permit.	<input type="checkbox"/>
D	"D" lists the insurance company(ies) that have or will issue the various policies being provided. The insurance companies listed in "D" must correspond with those indicated in as well as the policy numbers identified.	<input type="checkbox"/>
E	E matches the insurance companies providing the various lines of coverage, with those identified in "D". There could be one company listed, and they would all be marked A. Or there could be a different company for each line of coverage.	<input type="checkbox"/>
F	F shows where each policy names the certificate holder identified in "P" as an additional insured (1 st column) and as having a waiver of subrogation in its favor (2 nd column). These columns must both be checked with a "Y" (yes) for any commercial general liability, aggregate liability, umbrella liability, auto liability, or liquor liability. This will NOT apply to Workers' Comp.	<input type="checkbox"/>
G	"G" indicated the effective date and expiration date of each policy. The date of the event MUST be included within the effective period of the policy or your permit cannot be approved.	<input type="checkbox"/>
H	H Indicates the limits for commercial general liability coverage for each occurrence under the policy. For most events, the general liability coverage must be sufficient and reasonable coverage.	<input type="checkbox"/>
I	I Indicates the general aggregate limit of the general liability policy. For most events, the general liability aggregate must be sufficient and reasonable coverage.	<input type="checkbox"/>
J	J indicates the policy reaction to a general liability claim. The box for "Commercial General Liability" should always be checked. And the box for "occur" (which means policy applies per occurrence) should always be checked. The City of Mansfield will not accept claims-made policies.	<input type="checkbox"/>
K	K indicates how the aggregate limits of the policy apply to a claim. The City of Mansfield will only accept aggregate limits for an event on a "per event" policy basis. This can be accomplished two ways: 1) Applicants can check "other:" and write in "event", or 2) The Policy can be written just for the event, which means the policies effective dates would begin and end with the event. The City will not accept the aggregate limit on a "polio" basis unless an umbrella policy is included, which provides sufficient and reasonable coverage per event. The City will not accept the aggregate limit on a "policy" basis for multiple events except in very limited circumstances where the GL and the Umbrella are sufficient and reasonable coverage.	<input type="checkbox"/>
L	L indicates the automobile liability limits. If your event will have any vehicles participating within the event, or the event area, you must sufficient and reasonable coverage in auto liability. The type of coverage (specified within the green box under "M") will vary depending on the nature of the autos being utilized.	<input type="checkbox"/>
M	"M" indicates how the auto policy applies. The city requests that the "any auto" box be checked. In limited circumstances the city will allow for other boxes to be checked depending on the specifics of the event.	<input type="checkbox"/>
N	N Indicates the amount of liquor liability coverage for any event having liquor. Liquor liability is required to be sufficient and reasonable coverage per occurrence, per event. Host Liquor Liability is not acceptable. The general liability limit (even if general liability includes liquor) is calculated separately from the liquor liability. If you are providing liquor within your general liability coverage, your general liability coverage must specifically state that liquor is included and the GL limit and aggregate limits must be sufficient and reasonable coverage.	<input type="checkbox"/>
O	O a space provided for description (Event Name and Date) and limitations regarding the event. This is also where a broker may choose to indicate that the "certificate holder shall be an additional insured" or that a "waiver of subrogation is provided in favor of the certificate holder." If the insurance broker chooses to state this is the description section rather than using the checkboxes in "F" then the description must also state for which policies the additional insured and waiver of subrogation applies. Simply stating it is not sufficient. (i.e., the certificate holder shall be an additional insured and a waiver of subrogation applied in its favor for the general liability policy, the umbrella policy, the auto policy and the liquor liability policy.)	<input type="checkbox"/>
P	P indicates the Certificate Holder — which should ALWAYS be "City of Mansfield"	<input type="checkbox"/>
Q	"Q" is the signature of the authorized representative from the brokerage company or insurance company indicated in "B". The COI must be signed in order to be valid.	<input type="checkbox"/>