

The City and County of Denver requires insurance coverage for certain types of permits. The purpose of this requirement is to protect the parties holding the permit, as well as the City and County of Denver's exposure of having these activities take place on its premises.

Evidence of required insurance coverage must be provided by your established deadline in order to receive your final approved permit. We reserve the right to cancel or revoke the permit if evidence of this coverage is not provided by deadline. The permit applicant must provide the insurance certificate to the Parks Permit Office – **please do not have your insurance provider send it directly to the Parks Permit Office.**

General Liability:

- **Limit:** \$1,000,000
- The name of the insured must exactly match the name of the permit applicant
- Dates of policy must cover any additional dates for physical set up and clean up
- **Additional Insured Language:** The City must be listed as “additional insured” [with the following specific phrase:](#)
 - **If you are an individual:** “The City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured with respects to the General Liability”
 - **If you are a business/organization:** “The City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured with respects to the Commercial General Liability”
- **Certificate Holder** ([must read shown as below](#))
City and County of Denver
201 W Colfax Ave.
Denver, CO 80202

The additional insurance requirements for alcohol are as follows:

- **SELLING ALCOHOL:** Liquor Liability is required
 - If a caterer or another entity is selling the alcohol, we will accept a copy of their Liquor Liability certificate as fulfilling the Liquor Liability coverage requirement
- **SERVING ALCOHOL** Host Liquor Liability is required
 - If a caterer or another entity is serving the alcohol, we will accept a copy a copy of their Host Liquor Liability certificate as fulfilling the Host Liquor Liability coverage requirement
- The City must be listed as “additional insured” with the specific language noted above
- The name of the insured must exactly match the name of the permit applicant

Options to provide General Liability and Liquor (including Host) Liability coverage:

- Purchase commercial coverage of your choice
- Use your private homeowner or your business/non-profit insurance policy that meets requirements above
- Use the City-endorsed [GatherGuard Insurance Program](#)
 - **Host Liquor Liability coverage is automatically included in a GatherGuard policy**

Insurance you are required to carry but do not need to provide evidence of:

- Workers' Compensation: If applicable (business owners), coverage must be carried per State law
- Auto Liability Insurance: Business or personal auto insurance per State law

See sample certificate on next page

Please provide this sample certificate to your insurance agent or broker. Certificates must mirror this sample.

		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY) 03/08/23		
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 Insurance Broker's Name and Address				CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #			
INSURED Permit Applicant's Legal Name and Address				INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:			
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
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X		4/09/23	4/10/23	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA 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 City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured with respects to the Commercial/General Liability							
CERTIFICATE HOLDER The City and County of Denver 201 West Colfax Ave Denver, CO 80202				CANCELATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE			

Must match name on permit

Certificate must cover permit dates (including any set up/clean up dates)

Types of insurance required

Policy limits must be same or greater than required in contract

ONLY Additional insured language here

Certificate Holder box must read:

Description of Operations box must only contain the following additional insured language:

- "The City and County of Denver, its Elected and Appointed Officials, Employees and Volunteers are included as Additional Insured" with respects to the appropriate policies ONLY (Commercial or General Liability)
- QUALIFYING LANGUAGE SUCH AS "SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY" and "IF REQUIRED PER WRITTEN CONTRACT" CANNOT BE ADDED

Do not attach additional insured endorsements or policies

If any additional language is added, the certificate will be rejected. If the requirements cannot be complied with, we reserve the option to deny issuance of permit or other requests