

Park and Event Facility Permit Insurance Requirements

The City and County of Denver requires that parties obtaining certain types of permits provide insurance coverage. 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 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.

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

General Liability:

- \$1,000,000 limit
- The City must be listed as **“additional insured”** with the following specific phrase:
“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”
- **The name of the insured must exactly match the name of the permit applicant**

The additional insurance requirements for alcohol are as follows:

- **Liquor Liability if you are SELLING alcohol**
- Host Liquor Liability if you are SERVING alcohol
****If a caterer is serving alcohol, we require a copy of the caterer's host liquor liability certificate and will accept that as fulfilling the host liquor liability coverage requirement*
- The City must be listed as **“additional insured”** with the following specific phrase:
“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”
- **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:

1. Purchase commercial coverage of your choice
2. Use a private homeowners or business/non-profit insurance policy that meets requirements above
3. Purchase GatherGuard Insurance
(a separate information sheet will be provided to you by the Park Permit Office on your request)
Host liquor liability coverage is automatically included in a GatherGuard policy

Permit holders, please provide this sample certificate to your insurance agent or broker.

Certificates must mirror this sample

Note Additional Insured special instructions below

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 09/27/2021		
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 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 Name & Address			CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____ INSURER(S) AFFORDING COVERAGE _____ NAIC # _____			
INSURED Permit Holder's Legal Name & Address			INSURER A : _____ INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____			
COVERAGES CERTIFICATE NUMBER: 191862 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. INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	X		10/10/2021	10/11/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
If other insurance (Excess Umbrella) is required, please list it here						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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 City & County of Denver 201 West Colfax Ave. Denver, CO 80202			CANCELLATION 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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Permit Holder's Legal Name

Policy start date must be prior to effective date of contract

Types of insurance required

Policy limits must be same or greater than required in contract

Only additional insured language in this box*

Verify correct address & correct information

*The '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 regards to the appropriate policies ONLY

QUALIFYING LANGUAGE SUCH AS "SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY" and "IF REQUIRED PER WRITTEN CONTRACT" CANNOT BE ADDED

DO NOT ATTACHED 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 permits or other requests.