



Special Event Insurance Requirements

Insurance Requirements

The City of Tucson has established insurance requirements for those facility users, vendors and contractors entering into agreements with the City for the purpose of special events and activities. Before commencing use or services under an agreement with the City of Tucson a certificate of insurance that complies with the requirements referenced below must be furnished.

All special event applicants shall name the City of Tucson as an “Additional Insured”, per item one below, on all policy(ies), except workers compensation and shall reflect this on a Certificate of Insurance. Applicant agrees that any insurance available to the applicant shall be primary and non-contributory to the city’s self-insured retention. Applicant should obtain certificates of insurance from all vendors participating in this event unless covered under applicant’s insurance policy. Complete and accurate certificates must be received by the City of Tucson a minimum of ten (10) working days prior to the event.

Separate certificates of insurance shall be provided by all carnival and amusement companies and firework production companies with the limits shown in this section and shall name the City of Tucson as “Additional Insured” as per item one below. Additional coverage may be required depending upon the nature and scope of the event. For more information or questions regarding insurance requirements, please contact our Risk Management Department at 520-791-4728. Risk Management reserves the right to evaluate the liability of each event and assess the required insurance limits. Event permits will not be issued until all insurance requirements are satisfactorily met.

The certificate must show:

1. The City of Tucson, its agents, officers, employees and volunteers are named as “Additional Insured.” All Certificate of Insurance policies must reflect this with the exception of workers compensation. **The endorsement must be included with the certificate.**
2. The City of Tucson shall be notified at least thirty (30) days prior to cancellation or alteration of any insurance coverage. A 10-day notice of cancellation for non-payment of premium.
3. Policies shall be endorsed to include a waiver of subrogation endorsement in favor of the City of Tucson (including worker’s compensation). **The endorsement must be included with the certificate**
4. General Liability Including:

Bodily Injury	Contractual	Independent Contractors
Product/Completed Operations	Comprehensive Form	Hazard
Broad Form Property Damage	Premises Operation	Personal injury

In addition, specific date(s) and locations(s) of the event, to include set up and take down, must be stated clearly on the certificate. Certificates shall be received no less than ten (10) working days prior to the event.

Address for the certificate:

City of Tucson
PO Box 27210
Tucson, AZ 85726-7210

INSURANCE LIMITS

General Events (consist of those events held at City facilities)

1. General Liability - \$2,000,000 each occurrence, \$4,000,000 aggregate*
* \$2M general aggregate acceptable if purchased through City contractor
TULIP program and/or event insurance underwriter is unable to secure—
most aggregates are double the per occurrence rate.
2. Auto Liability - \$1,000,000 combined single limit (each accident)
3. Workers Compensation - Arizona Statutory Requirement
4. Events with Liquor \$3,000,000 host liquor liability and include items 2 thru 3

Events including Carnival/Amusement Rides

1. General Liability \$2,000,000 each occurrence (Ferris Wheels subject to additional coverage)
2. Include Items 2 thru 3 under General Events

Events including Fireworks Production

1. General Liability - \$5,000,000 each occurrence
2. Include items 2 thru 3 under General Events

Updated: August 12, 2019



SPECIAL EVENT - SAMPLE CERTIFICATE OF LIABILITY INSURANCE

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 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 <i>This block identifies the Agent or Broker.</i>	CONTACT NAME:	Broker information	FAX (A/C, No):	
	PHONE (A/C, No, Ext):			
INSURED <i>The event host/contractor must be listed or appropriate sponsoring agency</i>	E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE		
		NAIC #		
		INSURER A:	<i>The insurer will be identified in this area, with the appropriate insurer letter (A,B,C, etc..) appearing in INSR LTR section in the far left margin</i>	
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY	X	X				EACH OCCURRENCE \$ 2,000,000
X	COMMERCIAL GENERAL LIABILITY				<i>Check policy term NOTE: it should cover event dates</i>		DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
	<i>NOTE: Liquor Liability may be included w/CGL. Must be indicated and will per occurrence limit to \$3,000,000</i>						
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
X	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY	X					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
X	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
X	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X				X WC STATUTORY LIMITS OTH-ER Statutory
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
							<i>Negotiable based on event scope</i>
	<i>Additional Coverages will be listed here</i>						

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

The City of Tucson and its appointed and elected officials, directors, officers, employees and volunteers are endorsed under General Liability and auto as Additional Insured. For (insert event name) on (insert event dates)

This section may also include language on the following:

- 1) Additional Insured
- 2) Waiver of Subrogation
- 3) Liquor Liability

ENDORSEMENTS REQUIRED FOR ADDITIONAL INSURED AND WAIVER OF SUBROGATION

CERTIFICATE HOLDER

CANCELLATION

City of Tucson
P.O. Box 27210
Tucson, AZ 85726-7210

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

SIGNATURE REQUIRED - NO TYPED SIGNATURE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 05 09

Look for policy Number

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)
<div data-bbox="764 894 1281 978" data-label="Text"><p>This cannot be left blank. It must have our name or the "as required by contract or agreement" language</p></div>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of ongoing operations; or
- B. In connection with your premises owned by or rented by you.

WAIVER OF **TRANSFER OF RIGHTS OF RECOVERY** AGAINST OTHER TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:	This cannot be left blank. It must have our name or the "as required by contract or agreement" language
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

The following is added to Paragraph 8. **Transfer of Rights of Recovery Against Others To Us of Section IV – Conditions**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazards". This waiver applies only to the person or organization shown in the Schedule above.

The important language is highlighted.