# EDMOND TOWN HALL EVENT INSURANCE REQUIREMENT

Anyone renting the Alexandria Room or Gymnasium will be required to purchase a one-day Participant Accident Insurance Policy. It may be required for other spaces (Lower Meeting Room, Theater, etc) as well, particularly if you are serving alcohol.

This can be purchased through the Town of Newtown through CIRMA which underwrites a Tenant User Liability Insurance Program (TULIP) which allows renters to purchase insurance per event or on a per day basis.

Below are the insurance options that you can use for your Edmond Town Hall event rental. Also attached is a sample insurance certificate. This demonstrates our insurance requirements so that you know what coverage you need regardless of what

company you choose to use.

→ The first insurance option <a href="www.gatherguard.com">www.gatherguard.com</a>

When you use the Gather Guard website, you will be asked to enter the following Venue

ID: 0501-1046. This will bring up the venue: "Edmond Town Hall." Click on the "Next"

button at the bottom of the page and you will be asked to answer a series of questions. In the end, you will be given a price quote and an opportunity to purchase the insurance.

- → The second insurance option is: <a href="http://www.privateeventinsurance.com/">http://www.privateeventinsurance.com/</a>
- → The third option is to go through your own Homeowners Insurance Agent.

Be sure that Edmond Town Hall is listed as a Certificate Holder and If you are serving alcohol at your Event, please be sure that you select "Host Alcohol". Be sure to email us the insurance certificate you receive after your purchase. This certificate is due 30 days before your event.

## SAMPLE



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/01/24

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

obtained in the of each endersonicity.				
PRODUCER Specialty Advantage Insurance Services 505 North Brand Blvd Suite 1250 Glendale, CA 92103	CONTACT NAME:	GatherGuard Administrator		
	PHONE (A/C, No, Ext):	(844) 747-6240	FAX (A/C, No):	
	E-MAIL ADDRESS:	gatherguard@intactinsurance.com		
		INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A: Atlantic Specialty Insurance Company			27154
Your Name & Address	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. Liability Limits ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1.000.000 DAMAGE TO RENTED Type of Coverage CLAIMS-MADE 1.000.000 Х PREMISES (Ea occurrence) Includes Host Liquo If you are Х GGL029517 03/10/2024 03/11/2024 PERSONAL & ADV INJURY s 1 000 000 serving GEN'L AGGREGATE LIMIT APPLIES PER: Date of Event 2.000,000 GENERAL AGGREGATE alcohol PRODUCTS - COMP/OP AGG POLICY PROJECT 1,000,000 OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ OWNED SCHEDULED \$ BODILY INJURY (Per accident) AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE HIRED AUTOS ONLY (Per accident) \$ UMBRELLA LIAB \$ OCCUR EACH OCCURRENCE EXCESS LIAE AGGREGATE CLAIMS MADE DED RETENTION \$ \$ WORKERS COMPENSATION отн-\$ AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/ OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N / A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event Name: Jess's Baby Showe Event Type: Baby shower Event date(s): 03/10/24 Daily Attendance: 50

Number of Davs: 1

#### CERTIFICATE HOLDER

National League of Cities Attention: Erin Rian 660 N. Capitol St. NW Washington, DC 20001 US **Edmond Town Hall** 45 Main Stree Newtown, CT 06470 US

ETH listed as Cert. Holder

Town of Newtown and Newtown Board of Education 3 Primrose Street Newtown, CT 06470 US

#### 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

May Son Saenedlah