



INSURANCE REQUIREMENTS

Insurance requirements for individuals, companies, businesses, church groups, social clubs, civic organizations:

Fortunately, most businesses, churches, etc. already have in place an insurance policy that can be easily modified to provide coverage for your event. The policy is called a Commercial General Liability (CGL) policy.

- **If your entity currently has in place a CGL policy:**
Contact your insurance agent and have them issue a Certificate of Insurance (COI).. Please tell your agent that if the information contained on the COI they issue on your behalf differs from the example attached, please explain in writing.
- **If you or your entity do not currently have in place a CGL policy:**
You will be required to purchase a one-day Participant Accident Insurance Policy. 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. The directions for accessing the application for insurance are below:

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 is GatherGuard, an event insurance company available through this link: www.gatherguard.com

When you use the GatherGuard 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. Be sure to mail or email us the insurance certificate you receive after your purchase. **This certificate is due 30 days before your event.**

→ The second insurance option is: <http://www.privateeventinsurance.com/>
Please be sure to use the same coverage as is listed on the sample certificate. **If there will be alcohol at your event**, be sure to get additional liquor liability insurance.

If you have commercial liability insurance through your business or organization, or you use an insurance company other than TULIP, please **request a certificate of insurance from your agent naming Edmond Town Hall as the "additional insured"** with the coverage as outlined in the directions and sample certificate. Send the certificate to us 30 days before the date of your event.



SAMPLE CERTIFICATE OF INSURANCE

Edmond Town Hall - **SAMPLE** Certificate of Insurance (COI)

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 08/25/2021	
<p>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.</p> <p>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).</p>					
<p>PRODUCER Specialty Advantage Insurance Services 505 N Brand Blvd. Suite 1250 Glendale, CA 91203</p>			<p>CONTACT NAME: TULIP Administrator PHONE (A/C, No, Ext): (800) 507-8414 FAX (A/C, No): E-MAIL: tulip@intactinsurance.com ADDRESS:</p>		
<p>INSURED</p> <p>Renter's Name and Address Goes Here</p>			<p>INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Atlantic Specialty Insurance Company 27154 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:</p>		
COVERAGES		CERTIFICATE NUMBER: 190035		REVISION NUMBER:	
<p>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.</p>					
INSR LTR	TYPE OF INSURANCE	ADSL SUBR POLY NO. POLY EFF (MM/DD/YYYY) POLY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X GL00565-12 09/25/2021 09/26/2021	EACH OCCURRENCE \$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ Excluded		
			PERSONAL & ADV INJURY \$ 1,000,000		
			GENERAL AGGREGATE \$ None		
			PRODUCTS - COMPROP AGG \$ 1,000,000		
			\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-PORTION <input type="checkbox"/> LOC <input type="checkbox"/>				
	AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO		BODILY INJURY (Per person) \$		
	ALL OWNED AUTOS	SCHEDULED AUTOS	BODILY INJURY (Per accident) \$		
	HIRED AUTOS	NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$		
			\$		
	UMBRELLA LIAB	OCCUR	EACH OCCURRENCE \$		
	EXCESS LIAB	CLAIMS-MADE	AGGREGATE \$		
			\$		
		DED RETENTION \$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WC STATUS: TORY LIMITS: OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A	E.L. EACH ACCIDENT \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE \$		
			E.L. DISEASE - POLICY LIMIT \$		
A	Third Party Property Damage	X PF00493-11 09/25/2021 09/26/2021	Limit 1,000,000		
			Deductible 1,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
Birthday 09/25/2021					
CERTIFICATE HOLDER		CANCELLATION			
National League of Cities 1301 Pennsylvania Ave. NW 7th Floor Washington, DC 20004		THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE IN DATE THEREOF, NOTICE WILL BE DELIVERED IN WITH THE POLICY PROVISIONS.			
CT - Town of Newtown & Newtown Board of Education 3 Primrose Street Newtown, CT 06470		REPRESENTATIVE 			
		<p>This certificate holder, OR "Edmond Town Hall 45 Main Street Newtown, CT 06470"</p>			