

## 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 Tenant User Liability Insurance (TULIP)  
(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 TULIP 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**

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		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.						
<b>IMPORTANT:</b> 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 <b>Insurance Broker Name &amp; Address</b>			CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____			
INSURED <b>Permit Holder's Legal Name &amp; Address</b>			INSURER(S) AFFORDING COVERAGE _____ NAIC # _____ INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____			
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b> 191862		<b>REVISION NUMBER:</b>		
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	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 - COM/POP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIAB					
	<input type="checkbox"/> OCCUR					
	<input type="checkbox"/> CLAIMS-MADE					
	DED					
	RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					
	<b>If other insurance (Excess Umbrella) is required, please list it here</b>					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
<b>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.</b>						
<b>CERTIFICATE HOLDER</b> City & County of Denver 201 West Colfax Ave. Denver, CO 80202			<b>CANCELLATION</b> 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 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.