

Programs in Recreation Centers

Quick Reference Guide / Process

1. Complete the Programs in the Recreation Center Program Proposal Form and send to adavidson@knoxvilletn.gov . Please wait for response from Parks and Recreation regarding submission and/or approval of proposal.
2. Submit Certificate of Insurance with the following minimum requirements
(Example on 2nd page)
 - ☐ Commercial General Liability or Special Event Liability
Contact Aaron Browning if needed for assistance at 865-215-1719.
 - ☐ Waiver of Subrogation (also referred to as Waiver of Transfer of Rights of Recovery)
 - ☐ Additional Insured
List the City of Knoxville, 400 Main St, Knoxville 37902 as additionally insured
Minimum amounts - \$1,000,000 per occurrence / \$2,000,000 aggregate
 - Programs/events deemed higher risk may be required to have \$2,000,000 per occurrence/\$3,000,000 aggregate coverage.
3. Submit current certifications, if applicable. Examples include, but are not limited to, CPR Certification, Fitness Trainer Certifications, etc.
4. Submit a copy of liability waiver/release to be signed by program participants.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/2019

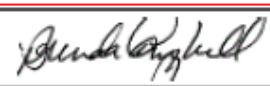
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN 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 Specialty Advantage Insurance Services 1100 Glendon Ave. Suite 900 Los Angeles, CA 90024	CONTACT NAME: TULIP Administrator PHONE (A/C, No., Ext.): (800) 507-5414 E-MAIL ADDRESS: tulip@onebeacon.com FAX (A/C, No.):
INSURED Old City Association 132 W Jackson Ave Knoxville, TN 37902	INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 27154

COVERAGES		CERTIFICATE NUMBER: 149007		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)
A	GENERAL LIABILITY	X	GI02495-08	04/13/2019	04/14/2019
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				
	<input type="checkbox"/> ANY AUTO				
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS			
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR			
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE			
	DED	RETENTION \$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)				
	If yes, describe under DESCRIPTION OF OPERATIONS below				
	LIMITS				
	EACH OCCURRENCE				\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 50,000
	MED EXP (Any one person)				\$ Excluded
	PERSONAL & ADV INJURY				\$ 1,000,000
	GENERAL AGGREGATE				\$2,000,000
	PRODUCTS - COMPOP AGG				\$ 1,000,000
	COMBINED SINGLE LIMIT (Ea accident)				\$
	BODILY INJURY (Per person)				\$
	BODILY INJURY (Per accident)				\$
	PROPERTY DAMAGE (Per accident)				\$
	EACH OCCURRENCE				\$
	AGGREGATE				\$
	WC STATUTORY LIMITS				\$
	OTHER				\$
	E.L. EACH ACCIDENT				\$
	E.L. DISEASE - EA EMPLOYEE				\$
	E.L. DISEASE - POLICY LIMIT				\$

DESCRIPTION OF OPERATIONS / LOCATIONS Old City Market 04/13/2019	VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
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CERTIFICATE HOLDER City of Knoxville 400 Main Street, Suite 599 Knoxville, TN 37902 The Old City Intersection of Jackson & Central Avenues Knoxville, TN 37902	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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