



Programs in the Parks

Quick Reference Guide / Process

1. Complete the Programs in the Parks 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.
5. Read the Programs in the Parks Policy and Rules and submit the signature of understanding.

Once all requested items have been received, reviewed and approved by a member of the City of Knoxville Parks and Recreation management team, you will receive instructions to submit the \$100 annual Programs in the Parks permit fee.



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).

INSURERS' AGREEMENT

NAIC #

INSURER E:

INSURED
Old City Association
132 W Jackson Ave
Knoxville, TN 37902

REVISION NUMBER:

NBR LTR	TYPE OF INSURANCE	ADDL NBR	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	X	GL02495-08	04/13/2019	04/14/2019	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 - COMP/PROP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	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						EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			

Old City Market
04/13/2019

The Old City
Intersection of Jackson & Central Avenues
Knoxville, TN 37902

AUTHORIZED REPRESENTATIVE

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