

Programs in the Parks

Quick Reference Guide / Process

- Complete the Programs in the Parks Proposal Form and send to <u>adavidson@knoxvilletn.gov</u> Please wait for response from Parks and Recreation regarding submission and/or approval of proposal.
- 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.

ACORD CER	TIF	ICATE OF LIA	BIL		SURA			MM/DD/YYYY) 11/2019
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN: REPRESENTATIVE OR PRODUCER, A	IVELY	OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU	EXTEN	D OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	POLICIES
IMPORTANT: If the certificate holder the terms and conditions of the policy								
certificate holder in lieu of such endor	semer	nt(s).	LCONTAC	T				-
PRODUCER Specialty Advantage Insurance Services	CONTACT TULIP Administrator NAME: PHONE (AIC, No): (800) 507-8414 (AIC, No):							
1100 Glendon Ave. Suite 900		AIC, No, Ext: (800) 507-8414 (AIC, No): E-MAIL ADDRESS: tulip@onebeacon.com						
Los Angeles, CA 90024			INS Addression		DING COVERAGE		NAIC#	
INSURED			INSURE	1.4.	opecially ins	urance company		21104
Old City Association			INSURE					
132 W Jackson Ave Knoxville, TN 37902				INSURER D : INSURER E :				
		ATE NUMBER: 149007				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOPWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD	OF ANY ED BY	CONTRACT	OR OTHER I S DESCRIBED	DOCUMENT WITH RESPE	CT TO 1	WHICH THIS
NSR TYPE OF INSURANCE	ADDL 5	SUBR		POLICY EFF	POLICY EXP	LIMIT	rs	
A GENERAL LIABILITY	X	GL02495-08				EACH OCCURRENCE	s <mark>1.00</mark>	
X COMMERCIAL GENERAL LIABILITY	\rightarrow	2				DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 50,00	
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s Exclu	
						PERSONAL & ADV INJURY	s 1.000	
GENLAGGREGATE LIMIT APPLIES PER-						GENERAL AGGREGATE	\$2,00	00,000
POLICY X PRO- POLICY LOC						PRODUCTS - COMPIOP AGG	\$ 1.000	0,000
AUTOMOBILE LIABILITY	+ +					COMBINED SINGLE LIMIT (Ea accident)	*	
ANY AUTO						BODILY INJURY (Per person)	5	
ALL OWNED SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per accident)	s	
HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
WORKERS COMPENSATION	+ +					WC STATU- TORY LIMITS ER	5	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						EL EACH ACCIDENT	5	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	5	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	5	
DESCRIPTION OF OPERATIONS / LOCATIONS VEHIC Old City Market	LES (AI	ttach ACORD 101, Additional Remarks	Schedule,	if more space is	required)			
04/13/2019								
CERTIFICATE HOLDER			SHO	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
The Old City Intersection of Jackson & Central Avenues Knoxville, TN 37902				AUTHORIZED REPRESENTATIVE				
			I	© 19	88-2010 AC	ORD CORPORATION.		ts reserve
ACORD 25 (2010/05)	Th	e ACORD name and logo a	re reais					