City of Poulsbo

200 NE Moe St
Poulsbo, WA 98370
www.cityofpoulsbo.com

Poulsbo Parks and Recreation

19540 Front Street NE, Poulsbo, WA 98370
Emily Hasche, Special Events Coordinator
ehasche@poulsbo.gov, 360-779-9898

Special Events Permitting
Insurance Worksheet (see Guide, Section A)

This worksheet is meant to accompany the information in the Special Events Permitting Guide, Section A: Insurance. This does not need to be submitted but is a tool to help organizers ensure they meet the MINIMUM insurance requirements, types, and amounts. The requirements for your event may be determined to be higher, depending on the features, at the discretion of the City's Risk Manager. A special event permit cannot be issued until we receive an acceptable COI has been issued within 30 days of the event and/or received once renewed. If insurance renews within 30 days of the listed event date, the insurance agent must send over a document expressing their intent to renew to the requirements outlined by the City.
Local insurance companies are listed on page 2. Examples of accepted insurance is outlined on pages 3-7.

All events are required to have Commercial General Liability insurance with coverage at least as broad as ISO occurrence form CG 00 01, in the following minimum amounts:

- ❑ $2 Million Per Occurrence
- ❑ $2 Million General Aggregate
- ❑ $1 Million Products – Completed Operations Aggregate
- ❑ Event Name and Event Dates (including set-up and tear-down dates)
- ❑ City of Poulsbo, address: 200 NE Moe St, Poulsbo, WA, 98370
- ❑ City as Additional Insured, with coverage at least as broad as ISO form CG 20 12

The below outlines events which carry additional risk, and the City may require higher levels of CGL or ask organizer to add at a minimum a $1million umbrella/excess policy to complement their CGL insurance levels.

Events with alcohol (in addition to above):

- ❑ $1 to $5 Million Liquor Liability coverage, naming the City of Poulsbo as an additional insured. Either the event coordinator or the alcohol provider/server can provide this coverage

Events with fireworks (in addition to above):

- ❑ $1 to $5 Million Liability coverage, naming the City of Poulsbo as an additional insured, provided by the professional pyrotechnic vendor

Events with Rides / Inflatables / Carnivals on City Property (in addition to above):

- ❑ Minimum $1 Million Commercial General Liability insurance, naming the City of Poulsbo as an additional insured, provided by the professional amusement ride vendor

Events with sporting events (in addition to above):

- ❑ Minimum $1 Million participant liability coverage

Events with parades and autos (in addition to above):

- ❑ Permittee must require and ensure that every vehicle parade entrant have auto liability insurance. All other vehicles associated with any special event must have auto liability insurance, as required by State law

Events with food vendors (in addition to above):

- ❑ Minimum $1 Million General Liability Insurance, including Products/Completed Operations coverage. Permittee is responsible to require this coverage from each food vendor

Other types and amounts of insurance may be required, as determined by the City's Risk Manager

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Below is a list of previously used insurance companies for past social events. This is intended to be used as an informational reference and does not signify any recommendations by the City. Note that this is not comprehensive.

Insurance Companies used for Special Events:	**National Association of Insurance Commissioners NAIC Number:**
American Alternative Insurance Company	19720
EHL Insurance (formally Brown & Brown pre 2022)	
Event Helper: https://www.theeventhelper.com#zosjjo	35378
Fournier	
Great American Insurance Company	16691
Liberty Mutual Insurance w/Ohio Security Insurance Company	24082
Lockton Insurance Brokers, LLC ACE- American Insurance Company	22667
Poulsbo Junction Insurance Inc	
Propel Insurance	
Willis Towers Watson Southeast, Inc.	
Strategic Risk Transfers Inc.	29599
PLC Insurance Services	

Local Insurance Companies:

- Anna Jewell American Family Insurance
- Absolute Insurance Poulsbo
- Easy Insurance Co
- Edgren Insurance Inc
- EHL Insurance
- Farmers Insurance - Debra Allbee
- Gallagher Insurance, Risk Management & Consulting
- Haley Insurance Agency Inc
- Insurance Office of America
- J.C. Madison, Inc.
- Paula Weissinger - State Farm Insurance Agent
- Professional Insurance
- Randi Chisholm: Allstate Insurance

Sample Certificate of Insurance: The COI must meet ALL mandatory requirements shown in red

Date = when insurance was issued. This must be dated to be within 30 days of event.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/25/2025

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Insurance provider name and address here.

CONTACT NAME:

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Your company name and address here

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X	X	HHS93834825	05/31/2024	05/31/2025	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR			Policy # needs to be listed on the Additional Insured documentation	Event date(s) must fall within coverage time periods.		DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY	X	X				COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Must list type of event and date.

Additional Insured Status applies per attached form(s).

Should reference what type of Additional Insured Endorsement documentation is included (Blanket, CG 20 12, etc).
Additional Insured Endorsement is a SEPERATE attachment; Sample A/B/C are 3 examples on the proceeding pages.

CERTIFICATE HOLDER

City of Poulsbo
200 NE Moe Street
Poulsbo, WA 98370

Must List our City this way

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

[redacted] handwritten signature

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Sample A: City as Additional Insured, with coverage at least as broad as ISO form CG 20 12

Should list COI policy # here. If it doesn't, an explanation from the insurance agency or details in the COI's Description of Operations may suffice.

COMMERCIAL GENERAL LIABILITY
POLICY NUMBER: HHS93834825

EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
City of Poulsbo 200 Moe St NE Poulsbo, WA 98370 Must List our City this way

A. Section **II** – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph **1.** or **2.** of Section **II** – Who Is An Insured:

1. In the performance of your ongoing operations; or

2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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B. With respect to the insurance afforded to these additional insureds, the following is added to Section **III** – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

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Sample B: City as Additional Insured, with coverage at least as broad as ISO form CG 20 12

POLICY NUMBER: **Policy number must be listed or a schedule of forms and endorsements must be provided.**

COMMERCIAL GENERAL LIABILITY
CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:
The City of Poulsbo and its officers, directors, employees, and agents Alternately, the schedule may read, “Any state or governmental agency or subdivision or political subdivision that issues permits or authorizations to the insured”. If nothing is listed in the schedule, then a Declarations page adding the The City of Poulsbo and its officers, directors, employees, and agents to the endorsement must be provided.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

a. The insurance afforded to such additional insured only applies to the extent permitted by law; and

b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or

b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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Sample C: City as Additional Insured

POLICY NUMBER: Policy number must be listed or a schedule of forms and endorsements must be provided.

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
City of Poulsbo 200 Moe St NE Poulsbo, WA 98370 Must List our City this way
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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