

## KENSINGTON METROPARK SPECIAL EVENT CERTIFICATE OF INSURANCE

A Certificate of Insurance is required for all groups who have a special event and/or special equipment, i.e. bike/running race, photo shoot, moonwalks\*, dunk tanks\*\*, etc. The event and equipment are subject to approval. **Please submit the following requirements to the company which will provide the insurance for your event as far in advance as possible. If you should have any questions, please contact our office at 810-227-8910. We require the certificate of insurance as well as the additional insured endorsement prior to your event.**

The requirements for the certificate are as follows:

- ✓ We must receive an **original copy** of the **certificate of insurance** and **endorsement (please see attached for examples of certificate and endorsement)** in advance of your outing; not less than one (1) week before the event. The insurance may be mailed to Kensington Metropark at 2240 W. Buno Rd., Milford, MI 48380, faxed to 248-684-5836 (if faxed we will need an original copy prior to your event), or emailed [kmp.receptionist@metroparks.com](mailto:kmp.receptionist@metroparks.com).
- ✓ The type of insurance required is **Comprehensive General Liability – Bodily Injury and Property Damage. The certificate coverage must be for one million dollars – each occurrence and aggregate.**
- ✓ **The certificate holder or additional insured must be the Huron-Clinton Metropolitan Authority, 13000 High Ridge Drive, Brighton, MI 48114.**
- ✓ The Endorsement must indicate the following: Huron-Clinton Metropolitan Authority and the policy number that it is endorsing. If there is a place on the endorsement for signature, it must be signed by an authorized agent. It is understood and agreed that by naming the Huron-Clinton Metropolitan Authority as additional insured, coverage afforded is considered to be primary and any other insurance the Huron-Clinton Metropolitan Authority may have in effect shall be considered secondary and/or excess.
- ✓ The specific name of the group, location of the picnic, and date of the event must be detailed on the certificate, as well as the name of the Park where the event will be held.

**IF THE INSURANCE CERTIFICATE IS NOT RECEIVED BEFORE THE SCHEDULED PICNIC ACTIVITY, THEN THE SPECIAL EVENTS/EQUIPMENT WILL NOT BE ALLOWED.**

All companies, bringing in special equipment, moonwalks, dunk tanks\*, etc., which need to drive off-road must obtain an off-road permit from the Park Office on the day of the picnic. This permit allows them to drive off the road to unload and immediately return their vehicles to the parking lot. Off-road permits are issued for approved reasons only. In order to get an off-road permit for any of the above reasons you must supply the Park Office with the driver's name, description of the vehicle and the license plate number of the vehicle.

**\* Electrical hook-up is not available in the picnic areas or at shelters; if your group requires electricity then you must supply your own generator.**

**\*\* If you choose to have a dunk tank you must supply your own water.**

Sample Certificate for Low and Medium Hazard Projects



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
00/00/20XX

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).

<b>PRODUCER</b> ABC Insurance Agency 123 Main Street Anywhere, USA		<b>CONTACT NAME:</b> PHONE (Area No., Ext): 555-555-1234 FAX (Area No.): 555-555-6678 E-MAIL ADDRESS: ADDRESS:	
<b>INSURED</b> XYZ Construction Company 456 Main Street Anywhere MI		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: ABC Insurance Company NAIC # 00000 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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.

TYPE	TYPE OF INSURANCE	ADDITIONAL INFO	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> SGT. <input type="checkbox"/> LOS <input type="checkbox"/> OTHER	Y	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (E&S separation) \$ 50,000 MED/EXP (Per one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/PROP ADD \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> IMPROV. AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB. <input type="checkbox"/> OCCUR EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> SGT. <input type="checkbox"/> LOS	Y	00-00-00-00	00/00/00	00/00/00	COMBINED SINGLE LIMIT (E&S/Sec 1) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB. \$ EXCESS LIAB. \$ GEN. AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFESSIONAL PARTNER/EXECUTIVE OFFICER/BOARDER EXCLUDED? (Mandatory in NY) If yes, describe in 1000 Description of Operations below	Y/N/A	00-00-00-00	00/00/00	00/00/00	<input checked="" type="checkbox"/> PER <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - RA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, May Be Attached If Space Is Required)  
 Additional insured - See Endorsement  
 Cancellation Notice - See Endorsement  
 Primary & Non-Contributory - See Endorsement  
 Project name:

<b>CERTIFICATE HOLDER</b> Entity Name Attn: Contact Name Entity Address City, State Zip	<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 AGENT SIGNATURE
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## Sample Additional Insured Endorsement for General Liability

### ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

Named Insured <b>HURON CLINTON METROPOLITAN AUTHORITY</b>			Endorsement Number <b>4</b>
Policy Symbol <b>HDO</b>	Policy Number <b>1</b>	Policy Period <b>10/01/2014 to 10/01/2015</b>	Effective Date of Endorsement
<small>Issued By (Name of Insurance Company)</small>			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:**

#### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

**SECTION II - WHO IS AN INSURED**, is amended to include as an additional insured:

Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations, completed operations, or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

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Authorized Agent