

# Event Liability Insurance Required of all Guest Groups

## Bergamo Center for Lifelong Learning

The Bergamo center requires a certificate of insurance naming Bergamo as additionally insured for the duration of a group's event. Additional insurance certificates should be sent by fax to 937-426-1090 or electronically to [ginag@bergamocenter.org](mailto:ginag@bergamocenter.org)

**Most importantly please give a copy of the agreement to your insurance agent and they generally will know what to do to issue the added insurance certificate. Please use the attached sample form as a guide for your insurance agent to complete the the Added Insurance Agreement.**

*Each Certificate of Insurance should include on the standard Accord form the ADDL INSD column box for liability insurance should be checked with an X or Y. In the Description of Operations/Location... box the following phrase: **Marianist Province of The United States/ Bergamo Center is added as additionally insured with respects to the use of the facilities scheduled for \_\_\_\_\_ (per dates and times agreed upon.)***

## **See Sample for Bergamo Center on next page...**

The following online firms provide event liability insurance. Many regular insurance carriers that may cover you homeowners/auto insurance also carry event liability riders too. Bergamo does not endorse any specific insurance, nor does Bergamo receive any monetary benefit in return for this coverage.

### **The Event Helper**

[www.theeventhelper.com/](http://www.theeventhelper.com/)

Email [info@theeventhelper.com](mailto:info@theeventhelper.com)

Telephone 1 (855) 493-8368

1 (530) 477-6521

1020 McCourtney Rd. Suite B,

Grass Valley, CA 95949

Hours Mon - Fri, 7:00am - 5pm PST

### **Direct Event Insurance**

<https://directeventinsurance.com/>

[214-307-0973](tel:214-307-0973)

[dcarbrey@directeventinsurance.com](mailto:dcarbrey@directeventinsurance.com)

5050 Quorum Drive,

Suite 700,

Dallas, Texas, 75254

### **EXPO-PLUS**

[www.expoplus.net](http://www.expoplus.net)

Event Cancellation Insurance Plan

540 W. Madison St.

Chicago, IL 60661

Phone: 1-877-451-4003

Fax: 1-312-627-6172

Email: [sue.m.iwan@mercerc.com](mailto:sue.m.iwan@mercerc.com)

### **Event Insurance Now**

[www.eventinsurancenow.com](http://www.eventinsurancenow.com)

[eventsupport@eventinsurancenow.com](mailto:eventsupport@eventinsurancenow.com)

Agent and Broker Questions and Information:

[briggitt@eventinsurancenow.com](mailto:briggitt@eventinsurancenow.com)

(877) 305-5040

### **Special Event Insurance**

[www.specialeventinsurance.com](http://www.specialeventinsurance.com)

Monday through Friday 5:30AM to 5:00PM

Pacific Time

800.364.2433

**For One Day Events (Banquets, meetings  
- not for overnight retreats)**

### **K & K Insurance**

[Kandkinsurance.com](http://Kandkinsurance.com)

**Claims:** 1-800-237-2917

Mailing Address: P.O. Box 2338, Fort Wayne, IN

46801-2338

Overnight Address: 1712 Magnavox Way, Fort

Wayne, IN 46804



\*\* Sample for Bergamo Center \*\*

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/20/2019

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  <b>INSURANCE COMPANY NAME AND ADDRESS</b>	CONTACT NAME: JANE DOE
	PHONE (A/C, No, Ext): XXXX FAX (A/C, No): E-MAIL ADDRESS: XXXXX
INSURED  <b>ORGANIZATION NAME AND ADDRESS</b>	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : INSURANCE COMPANY NAME XXXX
	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.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	XXXXXXXXXXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ XXXXX PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A	XXXXXXXXXXXXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 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)  
  
**Marianist Province of The United States/ Bergamo Center** are named as additionally insured with respect to the use of the facilities scheduled for \_\_\_\_\_ (per dates and times agreed upon.)

CERTIFICATE HOLDER  BERGAMO CENTER FOR LIFELONG LEARNING 4400 SHAKERTOWN RD BEAVERCREEK, OH 45430	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  <i>A Representative</i>