

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

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 respect 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/
info@theeventhelper.com
1020 McCourtney Rd. Suite B,
Grass Valley, CA 95949
855-493-8368

Direct Event Insurance

<https://directeventinsurance.com>
dcarbrey@directeventinsurance.com
5050 Quorum Drive,
Suite 700, Dallas, Texas, 75254

Special Event Insurance

www.specialeventinsurance.com
www.jdfulwiler.com
10148 Riverside Drive
Toluca Lake, CA 91602
800-364-2433

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

EXPO-PLUS

www.expoplus.net
margaret.flynn-chilver@mercer.com
540 W. Madison St.
Chicago, IL 60661
877-451-4003

Eventsured

www.Eventsured.com
info@eventsured.com
24 S. Newtown Street Road
Newtown Square, PA 19073
888-882-5902 ext. 116

Event Insurance Now

www.eventinsurancenow.com
events@eventinsurancenow.com
5727 S. Macadam
Portland Oregon 97239
877-305-5040

K & K Insurance

www.Kandkinsurance.com
P.O. Box 2338
Fort Wayne, IN 46801-2338
800-237-2917



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

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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	<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 - COMPIOP AGG \$ \$
	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					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 checked="" type="checkbox"/> N / 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>

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