

INSURANCE REQUIREMENTS

MARION COUNTY

During the life of this permit and throughout the warranty period, the applicant or its contractor shall maintain in force, at his/her own expense, insurance as directed below.

TYPE OF INSURANCE	EXPLANATION OF REQUIREMENTS
<p>GENERAL LIABILITY insurance with a combined single limit of not less than \$500,000 for each occurrence for bodily injury and property damage.</p> <p>The Endorsement shall state that coverage afforded the County as an Insured shall apply as primary and not excess to any insurance issued the County, provide a Cross Liability Clause, and state that the Contractor is responsible for payment of all insurance deductibles on the above-described policies.</p>	<p>This insurance is required unless its deletion is approved by Risk Management. Insurance shall include contractual liability coverage for the indemnity provided under this contract and provided by separate endorsement (i.e. form CG 2010) that <u>Marion County, its officials, agents, employees, and volunteers, are added as additional insured</u>, but only with respect to the Contractor's services to be provided under this permit. The policy number shall be included on the endorsement. The certificate holder shall be listed as follows: Marion County, Oregon Attn: Public Works / Permits 5155 Silverton Rd NE Salem OR 97305</p>
<p>Notice of cancellation or change. There shall be no cancellation, material change, reduction of limits, or intent not to renew the insurance coverage(s) without 30 days written notice from the Contractor or its insurer(s)</p>	
<p>Certificate of Insurance and Endorsement. Prior to the event, the Event Coordinator shall provide a Certificate evidencing the insurance required by this permit, indicating coverages, limits and effective dates, by an insurance company licensed to do business in the State of Oregon, or in the alternative, rated B+ or better by Best's Insurance Rating. The County reserves the right to reject all or any insurance carrier(s) with an unacceptable financial rating. The certificate shall include the producer's phone and FAX numbers. A separate Endorsement naming Marion County, its officials, agents, employees, and volunteers as insured is also required.</p>	
<p>Send Certificate of Insurance and Endorsement to: Marion County, Oregon Attn: Public Works/Permit Dept. 5155 Silverton Rd NE Salem OR 97305</p> <p>The certificate may also be faxed to (503) 588-5102. If you have any questions, please contact the Permit Dept. at (503) 584-7710.</p>	

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ANY CHANGES IN COVERAGE MUST BE APPROVED IN ADVANCE BY MARION COUNTY RISK MANAGEMENT.

Revision Date: 08/10/04

CERTIFICATE OF INSURANCE

01/27/2009

PRODUCER

American Specialty Insurance & Risk Services, Inc.
142 North Main Street
Roanoke, Indiana 46783

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.

INSURED

INSURERS AFFORDING COVERAGE

INS. A: Philadelphia Indemnity Insurance Company
INS. B:
INS. C:

CERT NUMBER:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING 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 CONDITION OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	POLICY TYPE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	
A	GL				General Aggregate	3,000,000
					Products-Completed Operations Aggregate	3,000,000
					Personal and Advertising Injury	1,000,000
					Each Occurrence	1,000,000
					Damage to Premises Rented to You (Any One Premises)	1,000,000
					Medical Expense Limit (Any One Person)	Excluded

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

* The Certificate holder is only an additional insured with respect to liability caused by the negligence of the Named Insured as per Form PI-AI-002- Additional Insured - Certificateholders as respects to the MONSTER COOKIE RIDE on April 28, 2009.

CERTIFICATE HOLDER

MARION COUNTY AND ITS OFFICERS, AGENTS AND EMPLOYEES C/O MARION COUNTY PUBLIC WORKS DEPARTMENT
6516 SILVERTON RD NE
SALEM, OR 97305

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
MARION COUNTY, ITS OFFICIALS, AGENTS, EMPLOYEES AND VOLUNTEERS ARE ADDED AS ADDITIONAL
INSUREDS.

(If no entry appears above, information for a complete endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II - Who is Insured is amended to include as an insured person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusion
The insurance does not apply to "bodily injury" or "property damage" occurring after:

(1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

(2) That portion of "your work", out of which the injury or damage arises, has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.