

Insurance Requirements

To enter a contract with the City of Bellevue or rent most City facilities, you must provide proof of insurance meeting City standards. You may also need to provide proof of insurance to your venue, if you are using a location like Compass Plaza or another private property.

Insurance coverage protects you, your organization, and the City in case of liabilities, accidents, or unforeseen events. Not only is it a requirement—it's good practice for event management.

Basic Standards

In general, you must provide a Certificate of Insurance meeting the following standards:

- **Minimum coverage:** While insurance requirements may vary depending on the type of activity (for example, business automobile coverage may be required if you are operating a vehicle as part of your program), the city's minimum required insurance is:
 - Commercial general liability coverage with limits of at least **\$1 million** per occurrence and **\$2 million** annual aggregate.
 - Workers' compensation and stopgap coverage as required by the industrial insurance laws of the State of Washington.
- **Additional insured:** Your commercial liability coverage must be endorsed to include the City of Bellevue as an "additional insured." The endorsement must include the City of Bellevue and its officials, employees, and volunteers.
- **Certificate holder:** The City of Bellevue must be listed as the Certificate Holder. Be sure to use the City's official mailing address:

*City of Bellevue
P.O. Box 98009
Bellevue, WA 98009-9012*

If you are a business or nonprofit, you probably already have insurance coverage meeting these standards. Your insurance broker can help provide an acceptable Certificate of Insurance.

Special Event Insurance

If you are an individual organizer or otherwise do not have general liability insurance meeting the City's standards, you can obtain **special event insurance**. This coverage is inexpensive, scaled to your program, and time-bound. Generally, you provide some details about your event or program, pay \$100-\$200 depending on specific details, and the broker provides a Certificate of Insurance instantly. The whole process takes about 15-20 minutes.

While we cannot recommend specific insurers, and you should conduct your own due diligence before entering any business contract, the following providers can meet the city's requirements:

- GatherGuard (gatherguard.com)
- The Event Helper (theeventhelper.com)
- Eventsured (eventsured.com)

That said, coverage from any provider meeting the City's minimum standards is acceptable.

Be sure that the Certificate of Insurance meets the standards described above. Several of the providers listed have web interfaces to add additional insureds and certificate holders.



CERTIFICATE OF LIABILITY INSURANCE

ONEGR-1

OP ID: KD

DATE (MM/DD/YYYY)

11/05/2024

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	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Mesa Underwriters Specialty		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED	Name of Business / Organization Covered by Insurance Address City, State, Zip
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> FIRM <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		<div>Minimum amount of General Liability is \$1,000,000 per occurrence, \$2,000,000 aggregate.</div>	10/21/2015	10/21/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<div>Minimum of \$1,000,000 Automobile Liability for vehicle access if company vehicle is driven onto city property other than designated parking lot. Personal vehicles are prohibited.</div>	10/21/2015	10/21/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$				10/21/2015	10/21/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WA STOP GAP	10/21/2015	10/21/2016	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The City of Bellevue, its officials, employees, and volunteers listed as Additional Insureds.

Note – if you leave off location and event date from the description area the certificate will remain on file through the expiration date and cover all of your activities scheduled in Bellevue facilities.

CERTIFICATE HOLDER

CANCELLATION

City of Bellevue
PO Box 90012
Bellevue, WA 98009-9012

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

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