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 brentd@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

Special Event Insurance

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

EXPO-PLU\$

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

Event Insurance Now

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

Direct Event Insurance

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

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

Eventsured

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

K & K Insurance

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

* * Sample for Bergamo Center * *



PRODUCER

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). CONTACT JANE DOE

INSURANCE COMPANY					PHONE			
NAME AND ADDRESS				INS	NAIC#			
INSURED					INSURER A : INSURANCE COMPANY NAME INSURER B :			7000
					INSURER C :			
ORGANIZATION NAME					INSURER D :			
AND ADDRESS				-	INSURER E :			
					INSURER F :			
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:			
CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT. POLIC	EMEN AIN, T	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
INSR LTR	R TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
-	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		xxxxxxxxxxxx			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000 Included	
		X			xx/xx/xxxx	xx/xx/xxxx	MED EXP (Any one person) \$	xxxxx
							PERSONAL & ADV INJURY \$	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	3,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG \$	
-	OTHER: AUTOMOBILE LIABILITY		_				COMBINED SINGLE LIMIT \$	
-							(Ea accident) # BODILY INJURY (Per person) \$	
-	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident) \$	
-	NON-OWNED						PROPERTY DAMAGE	
-	HIRED AUTOS AUTOS						(Per accident) \$	
	UMBRELLA LIAB OCCUP						100	
-	- CCCOR						EACH OCCURRENCE \$	
	CLAIMS-MADE						AGGREGATE \$	
	DED RETENTION \$ WORKERS COMPENSATION						PER OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				XXXXXXXXXXXXX	xx/xx/xxxx	XX/XX/XXXX	X STATUTE ER	
							E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	
	DÉSCRIPTION OF OPERATIONS below		_				E.L. DISEASE - POLICY LIMIT \$	
				DEC 9 1 200 1 200 1 200 1				
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.)								
055	TIFICATE HOLDER				CANOCILATION			
CER	RTIFICATE HOLDER				CANCELLATION			1
BERGAMO CENTER FOR LIFELONG LEARNING 4400 SHAKERTOWN RD BEAVERCREEK, OH 45430					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			
					A, Representative			
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