



**Carver
County
Parks**

11360 Highway 212 West, Suite 2
Cologne, MN55322

Exhibit B

Carver County Parks Insurance Coverage Guide for Lake Waconia Event Center

All groups seeking park area or facilities for a public special event must have insurance to cover the event. The group must provide Carver County Parks with a Certificate of Insurance indicating proof of insurance covering the event. The Certificate of Insurance must meet the County's insurance limit requirements as well as list Carver County as an Additional Insured. The event will not be considered for review until the Certificate of Insurance is obtained. General Liability Insurance limit requirements are:

- **\$3,000,000 Aggregate**
- **\$3,000,000 Products and Completed Operations Aggregate**
- **\$1,500,000 Personal Injury and Advertising Injury**
- **\$1,500,000 Each Occurrence**
- **\$100,000 Fire Damage Limit**
- **\$5,000 Medical Expense**

If General Liability insurance limits are less than the limits shown above, an Excess Policy or Umbrella Policy would be additionally required to make up for the shortfall.

The Certificate of Insurance must list Carver County (or Carver County Parks) as an Additional Insured for any/all dates where service provider or event group is on County property. If Umbrella and/or Excess coverage is carried on the policy, the Certificate of Insurance must indicate Carver County (or Carver County Parks) as an additional insured and it must state that the **"umbrella/excess coverage follows form."**

We recommend you contact your insurance agent to determine the amount of coverage you need well in advance to requesting review of your special event proposal.

Please note: the County reserves the right to require other insurance coverage/limits based on the risk & exposure involved with the special event.

If you have questions or concerns about the insurance requirements for special events within the Carver County park system, please call us at 952-466-5250 or parks@co.carver.mn.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

| | | |
|-----------------------------|---|---|
| PRODUCER Insurance Agent | 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 POLICIES BELOW. | |
| | INSURERS AFFORDING COVERAGE | NAIC # |
| INSURED Contractor | INSURER A: | Name of Insurance Company |
| | INSURER B: | Name of Insurance Company (if applicable) |
| | INSURER C: | Name of Insurance Company (if applicable) |
| | INSURER D: | Name of Insurance Company (if applicable) |
| | INSURER E: | Name of Insurance Company (if applicable) |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADDL INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|-------------------------------------|--|---------------|----------------------------------|-----------------------------------|--|-----------------------|
| | <input checked="" type="checkbox"/> | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Policy # | Policy Effective Date | Policy Expiration Date | EACH OCCURENCE | \$1,500,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$100,000 |
| | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | PERSONAL & ADV INJURY | \$1,500,000 |
| | | | | | | GENERAL AGGREGATE | \$3,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$3,000,000 |
| | | | | | | | \$ |
| | <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY <input checked="" 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 <input type="checkbox"/> _____ <input type="checkbox"/> _____ | Policy # | Policy Effective Date | Policy Expiration Date | COMBINED SINGLE LIMIT (Each Occurrence) | \$1,500,000 |
| | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | | AGG | \$ |
| | <input checked="" type="checkbox"/> | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount | Policy # | Enter Effective Date | Enter Expiration Date | EACH OCCURENCE | \$ |
| | | | | | | AGGREGATE | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | <input type="checkbox"/> | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | Policy # | Enter Effective Date | Enter Expiration Date | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | |
| | | | | | | E.L. EACH ACCIDENT | \$500,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$500,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$500,000 |
| | <input type="checkbox"/> | OTHER Professional Liability (Errors & Omissions) (If required) | Policy # | Policy Effective Date | Policy Expiration Date | | \$3,000,000 Aggregate |
| | | | | | | | \$1,500,000 per Claim |

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

Carver County Parks is added as an Additional Insured in all coverage areas except Worker's Compensation and Professional Liability. Excess/Umbrella follows form.

CERTIFICATE HOLDER

Carver County Parks
11360 Highway 212, Suite 2
Cologne, MN 55322

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.