



ATHLETIC FIELD RESERVATION APPLICATION

Leagues, Camps/Clinics, Single/Incidental Use

APPLICANT INFORMATION

| | | | |
|--|---|--|--|
| Name of Sponsoring Organization/Individual: | | | |
| Mailing Address: | <input type="checkbox"/> Non-Profit, ID# _____ <input type="checkbox"/> Private Citizen/Group <input type="checkbox"/> For Profit | | |
| Sponsor's Web Address: | | | |

AUTHORIZED REPRESENTATIVE

| | | | |
|---|--|--|--|
| Name of Activity's Primary Contact Person: | | | |
| Phone Number: | | | |
| Email Address: | | | |

BILLING INFORMATION

| | | | |
|---|---|--|--|
| Name of Activity's Billing Contact Person: | <input type="checkbox"/> Same as Authorized Rep or : _____ | | |
| Phone Number: | _____ | | |
| Email Address: | _____ | | |

GENERAL ACTIVITY INFORMATION

| | | | |
|---|---|--|--|
| Name of Activity: | | | |
| Activity Timeframe: | Activity Start Date: _____ Activity End Date: _____ | | |
| Activity Fee: | <input type="checkbox"/> A registration fee is required from participants. <input type="checkbox"/> No fee is required to participate. | | |
| Sport Type: | | | |
| Activity Type: (Select all that apply) | <input type="checkbox"/> League Games <input type="checkbox"/> League Practice <input type="checkbox"/> League Jamboree/Tournament <input type="checkbox"/> Camp/Clinic <input type="checkbox"/> Friendly/Informal | | |
| Use Type: (Select all that apply) | <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Coed <input type="checkbox"/> Boys/Men <input type="checkbox"/> Girls/Women | | |
| Target Age Range: | _____ | | |
| # of Participating Teams: | _____ | | |
| # of Players per Team: | _____ | | |

FIELD RESERVATION REQUEST

| <input type="checkbox"/> Baseball/Softball Field Basepath Distance | <input type="checkbox"/> Baseball Field <input type="checkbox"/> Outfield Fence needed <input type="checkbox"/> Use of Scoreboard requested <input type="checkbox"/> Softball Field 60ft, Quantity: _____ 70ft, Quantity: _____ 80ft, Quantity: _____ 90ft, Quantity: _____ | | | | | | | | | | | | | | | |
|--|---|----------------------------|----------------------------|-----------------|-------------------|-------------------|-------|-------------------|-------------------|-------|-------------------|-------------------|-------|-------------------|-------------------|-------|
| <input type="checkbox"/> Grass Playfield Requested Location Field Dimensions Field Goals | <input type="checkbox"/> Skagit River Park (not available for practice) <input type="checkbox"/> Use of SRP Concession Room requested <input type="checkbox"/> Dike District Playfields <input type="checkbox"/> Whitmarsh Practice Fields <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Primary Field Lines</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Plus Buildout Lines</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Quantity</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____ W x _____ L</td> <td style="text-align: center;">_____ W x _____ L</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____ W x _____ L</td> <td style="text-align: center;">_____ W x _____ L</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____ W x _____ L</td> <td style="text-align: center;">_____ W x _____ L</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____ W x _____ L</td> <td style="text-align: center;">_____ W x _____ L</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <input type="checkbox"/> I will provide my Activity's goals <input type="checkbox"/> Use of City-owned goals requested Describe size and quantity needed: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div> | <u>Primary Field Lines</u> | <u>Plus Buildout Lines</u> | <u>Quantity</u> | _____ W x _____ L | _____ W x _____ L | _____ | _____ W x _____ L | _____ W x _____ L | _____ | _____ W x _____ L | _____ W x _____ L | _____ | _____ W x _____ L | _____ W x _____ L | _____ |
| <u>Primary Field Lines</u> | <u>Plus Buildout Lines</u> | <u>Quantity</u> | | | | | | | | | | | | | | |
| _____ W x _____ L | _____ W x _____ L | _____ | | | | | | | | | | | | | | |
| _____ W x _____ L | _____ W x _____ L | _____ | | | | | | | | | | | | | | |
| _____ W x _____ L | _____ W x _____ L | _____ | | | | | | | | | | | | | | |
| _____ W x _____ L | _____ W x _____ L | _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Disc Golf Course <input type="checkbox"/> Volleyball Court <input type="checkbox"/> Basketball Court | (Whitmarsh) (Rotary Park) Sand Court, Quantity: _____ Grass Court, Quantity: _____ (Maiben Park) Quantity: _____ | | | | | | | | | | | | | | | |

ACTIVITY SCHEDULE

Reservation Detail See Below See Attached Date Schedule will be available: _____

| Day of Week | Start Date | End Date | Start Time | End Time | Remarks |
|--------------------------|------------|----------|------------|----------|---------|
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SPECIAL REQUESTS

| | |
|----------------------------------|---|
| Field Lining: | <input type="checkbox"/> Painted field lines will be used. <input type="checkbox"/> I would like City staff to manage field lining. |
| Food Service: | <input type="checkbox"/> Food will be offered during my Activity. <input type="checkbox"/> For Sale <input type="checkbox"/> Free of Charge |
| Merchandise Sales: | <input type="checkbox"/> Merchandise will be sold during my Activity. |
| City Utilities: | <input type="checkbox"/> Access to City Utilities will be needed. <input type="checkbox"/> Power <input type="checkbox"/> Potable Water |
| Amplified Sound: | <input type="checkbox"/> Amplified sound will be used. <input type="checkbox"/> Music <input type="checkbox"/> PA System |
| Canopies (no sides): | <input type="checkbox"/> Canopies will be setup. Quantity: _____ Dimensions: _____ |
| Tents (with side panels): | <input type="checkbox"/> Tents will be setup. Quantity: _____ Dimensions: _____ |
| Other Requests: | <div style="border: 1px solid black; height: 30px;"></div> |

ACKNOWLEDGMENTS and AGREEMENT

By providing initials and a signature in the spaces below, the Applicant/Authorized Representative declares understanding of the Acknowledgments and Indemnification Agreement, and affirms their intent to comply.

_____ **Minimum Age.** I certify that I am 18-years of age or older and am an authorized representative of Applicant.

_____ **Application Timeline.** I understand that I may expect receipt acknowledgment from Burlington Parks and Recreation within 10-business days of my application submittal.

_____ **Cancellations & Changes.** I understand that the Cancellation & Refund Policy described in the City's Athletic Field Use & Reservation Policy will apply once my reservation application is approved. Written confirmation from me must be received by the City in order for my cancellation or change to be considered binding.

_____ **Insurance.** The City of Burlington does not maintain insurance that will respond to claims against me, the Applicant, arising from my use, my affiliated members/participants' use or use by those attending my activity. When required by the City, I will provide written documentation meeting the City's minimum requirements as proof of my general liability insurance coverage. *(Sample information can be found on pages 5-6 of this document.)*

_____ **Field Use & Park Rules.** I, the Applicant, have read, understand and agree to abide by all field use policies and park rules described in the City's Athletic Field Use & Reservation Policy.

_____ **Alcohol & Marijuana.** Washington State law prohibits the consumption or use of alcohol or marijuana products in any form in public places, which includes all City of Burlington outdoor park facilities. It also prohibits the opening of packages containing alcohol or marijuana products in any form. Refer to the Revised Code of Washington (RCW) sections 66.44.100 and 69.50.445 for detail. A person violating these sections is guilty of a Class 3 Civil Infraction under chapter 7.80 of the RCW.

_____ **Standard of Behavior.** I, the Applicant, understand that I, my affiliated members/participants and those in attendance of my Activity are expected to obey all laws governing the City of Burlington and the State of Washington and to behave in a respectful manner during our use of the playfields. Fighting, abusive or threatening language, public urination, intoxication and littering are examples of behaviors that are considered unacceptable. I understand it is my responsibility to address unacceptable behavior if it occurs. The City of Burlington may at its discretion terminate my Field Use Permit if unacceptable behavior concerns persist.

_____ **Field Prep & Cleanup.** Equipment I wish to setup to support my Activity must be preapproved, in writing, by the City. I understand that I am responsible for leaving my designated playfield area free of debris and garbage upon my Activity's conclusion. I will place garbage created by my Activity in the waste dumpster provided onsite or I will haul it off-site. I also understand that I will be responsible for payment of a cleanup fee when the City deems my post-activity cleanup is inadequate.

_____ **Departmental Access.** I understand that Burlington Parks and Recreation and the City's authorized representatives shall have free access to the premises at all times.

_____ **Private Vehicles.** My personal vehicles and those of my affiliated participants and guests are not permitted on the playfields at any time unless prior written approval has been granted from the City.

_____ **Playfield Conditions.** I understand that my Activity reservations may be cancelled at the City's discretion when it has determined imminent conditions exist that could potentially cause damage to the playfields or put field users' safety at risk. Should this occasion occur, I can expect the City to notify me with as much advance notice as is humanly feasible.

_____ **Infectious Disease Protocols.** I affirm that my Activity and persons affiliated with it will follow the guidance set forth by Washington State and the City of Burlington when circumstances arise that result in the need for exceptional protocols in order to avoid the spread of infectious diseases.

_____ **With my signature below,** I, the Applicant or Authorized Representative of the Applicant, hereby request of the City of Burlington the use of City facilities as described herein and certify that the information in this request is correct and complete.

_____ **I agree that no persons will be excluded from participation** in, or denied the benefit of, or otherwise subjected to discrimination because of the person's race, color, national origin, age, handicap or other protected class status during my use of the City's facilities. I further agree to exercise the utmost care in my use of the City's facilities and agree to reimburse the City for any costs incurred by the City in repairing damage to its facilities caused by my activity.

_____ **I agree to defend, indemnify and hold harmless the City of Burlington,** its Elected Officials, Appointed Officers, Employees and Agents from all liability resulting from my use of City facilities except only such liability as shall have been occasioned by the sole negligence of the City of Burlington. I agree to observe and comply with all provisions of laws and ordinances governing the City of Burlington and the State of Washington.

Applicant/Authorized Representative Signature: _____

Date of Signature: _____

If signing with a digital signature, I understand that selecting this box and applying my digital signature shall have the same force and effect as a handwritten signature and constitutes a binding agreement.

or

Printed Name of Applicant/Authorized Representative: _____

| FOR CITY USE: | Date received | Received by | Determination | Remarks |
|---------------|---------------|-------------|---|---------|
| | | | <input type="checkbox"/> Approved <input type="checkbox"/> Declined | |

PAYMENT SCHEDULE and APPLICATION

League Games, Turnouts/Practices:

- Payment of 50% of the total estimated Field Rental Fee is due when your Activity reservation has been confirmed.
- Payment of the full remaining balance of the Field Rental Fee and all applicable Miscellaneous Fees (i.e. portable restrooms, field lining charges, ...) is due upon the Activity's conclusion within 30-days of billing.

Camps/Clinics, One-Time/Incidental Use:

- Payment of all applicable fees is due in full at time of field reservation confirmation.

Changes, Cancellations, Refunds:

- Once an Activity's reservation request has been confirmed, restrictions and/or fees apply for any changes made by the Applicant. Refer to Section-4 of the City of Burlington's Athletic Field Use & Reservation Policy for detailed information.

Application Submittal:

- Submit your completed Athletic Field Reservation Application to BParks@burlingtonwa.gov or deliver to: Burlington Parks and Recreation
900 E. Fairhaven Avenue
Burlington, WA 98233
- Once submitted, you can expect acknowledgment of receipt within 2-business days from Burlington Parks and Recreation, and determination of reservation availability within 10-business days.
- Questions? Contact Burlington Parks and Recreation at 360-755-9649 or BParks@burlingtonwa.gov

LIABILITY INSURANCE DOCUMENTATION

The City of Burlington requires proof of Liability Insurance for most Activity types.

In order to host their Activity at a City facility, Applicants must provide:

- A current **Certificate of Insurance** valid throughout your Activity dates, and
- An **Additional Insured Endorsement**

Documents meeting the City's minimum requirements must be received by the City **at least 30-days prior** to the Activity's start date. Please instruct your insurer to forward both documents to BParks@burlingtonwa.gov.

Detailed information regarding minimum documentation requirements can be found on the following page.

Please make note that the scope of some Activities may require higher coverage limits.

INSURANCE DOCUMENTATION MINIMUM REQUIREMENTS

Certificate of Insurance

- Certificate Holder must be listed as “City of Burlington”
833 S. Spruce Street
Burlington WA 98233
- Minimum thresholds of coverage: \$2,000,000 General Aggregate
\$1,000,000 per occurrence
- Certificate must include the remark “Additional Insureds include the City of Burlington, its elected officials, officers, employees & agents.”

Endorsement

- An Endorsement using ISO Form CG 20 26 or coverage at least as broad must accompany the Certificate of Insurance.
- Additional Insured must be listed as “City of Burlington”
833 S. Spruce Street
Burlington WA 98233
- The Endorsement must reference the Insured’s policy number.

| ACORD® | | CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------|--|---------------|--|--------------|--------------|-------------------|------------|---------------|------------|------------|-------|--|--|--|-------|--|--------------|--------------|--|--|--|------------------------------|--|--|--|--|--------------|--|--|---|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--------------------|--|--|--|--------------|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| <p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCER | CONTACT NAME | | PHONE | FAX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ADDRESS | | JAC. No. Ext. | JAC. No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURED | INSURER A: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSURER B: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSURER C: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSURER D: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSURER E: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | INSURER F: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:</p> <p>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.</p> <table border="1"> <thead> <tr> <th>NR</th> <th>LT</th> <th>TYPE OF INSURANCE</th> <th>ADDITIONAL</th> <th>POLICY NUMBER</th> <th>POLICY EFF</th> <th>POLICY EXP</th> <th>LIMIT</th> </tr> <tr> <th></th> <th></th> <th></th> <th>INSUR</th> <th></th> <th>(MM/DD/YYYY)</th> <th>(MM/DD/YYYY)</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>COMMERCIAL GENERAL LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td>CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>GEN'L AGGREGATE LIMIT APPLIES PER:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>OTHER:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>AUTOMOBILE LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>ANY AUTO <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>OWNED AUTOS ONLY <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>HIREN AUTOS ONLY <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>NON-OWNED AUTOS ONLY <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>UMBRELLA LIAB <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>EXCESS LIAB <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>OCCUR <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>CLAIMS-MADE <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>DED <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>RETENTION \$</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>(Mandatory in NR)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>If yes, describe under DESCRIPTION OF OPERATIONS below</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8"> <p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>Additional Insureds include the City of Burlington, its elected officials, officers, employees and agents.</p> </td> </tr> <tr> <td colspan="4">CERTIFICATE HOLDER</td> <td colspan="4">CANCELLATION</td> </tr> <tr> <td colspan="4"> <p>City of Burlington 833 S. Spruce Street Burlington, WA 98233</p> </td> <td colspan="4"> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> </td> </tr> <tr> <td colspan="8">© 1988-2016 ACORD CORPORATION. All rights reserved.</td> </tr> </tbody> </table> | | | | | NR | LT | TYPE OF INSURANCE | ADDITIONAL | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMIT | | | | INSUR | | (MM/DD/YYYY) | (MM/DD/YYYY) | | | | COMMERCIAL GENERAL LIABILITY | | | | | \$ 1,000,000 | | | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | | POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> | | | | | | | | OTHER: | | | | | | | | AUTOMOBILE LIABILITY | | | | | | | | ANY AUTO <input type="checkbox"/> | | | | | | | | OWNED AUTOS ONLY <input type="checkbox"/> | | | | | | | | HIREN AUTOS ONLY <input type="checkbox"/> | | | | | | | | NON-OWNED AUTOS ONLY <input type="checkbox"/> | | | | | | | | UMBRELLA LIAB <input type="checkbox"/> | | | | | | | | EXCESS LIAB <input type="checkbox"/> | | | | | | | | OCCUR <input type="checkbox"/> | | | | | | | | CLAIMS-MADE <input type="checkbox"/> | | | | | | | | DED <input type="checkbox"/> | | | | | | | | RETENTION \$ | | | | | | | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> | | | | | | | | (Mandatory in NR) | | | | | | | | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>Additional Insureds include the City of Burlington, its elected officials, officers, employees and agents.</p> | | | | | | | | CERTIFICATE HOLDER | | | | CANCELLATION | | | | <p>City of Burlington 833 S. Spruce Street Burlington, WA 98233</p> | | | | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> | | | | © 1988-2016 ACORD CORPORATION. All rights reserved. | | | | | | | |
| NR | LT | TYPE OF INSURANCE | ADDITIONAL | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | COMMERCIAL GENERAL LIABILITY | | | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>Additional Insureds include the City of Burlington, its elected officials, officers, employees and agents.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | CANCELLATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>City of Burlington 833 S. Spruce Street Burlington, WA 98233</p> | | | | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|--|---|--|
| POLICY NUMBER: | Policy number must match number listed on the Certificate of Insurance. | COMMERCIAL GENERAL LIABILITY CG 20 26 |
| THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. | | |
| ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION | | |
| This endorsement modifies insurance provided under the following: | | |
| COMMERCIAL GENERAL LIABILITY COVERAGE PART. | | |
| SCHEDULE | | |
| Name of Person or Organization: | | |
| <p>City of Burlington 833 S. Spruce Street Burlington, WA 98233</p> | | |
| (If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.) | | |
| WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you. | | |
| ENDORSEMENT | | |
| SAMPLE | | |