

2017 Facility Rental Insurance

Dear 2017 Facility Renter,

The East Bay Regional Park District requires the User of the Rental Facility to maintain a **comprehensive general liability insurance policy** in an amount equal to or greater than **\$1,000,000** which is endorsed to **name the East Bay Regional Park District (EBRPD) as an additional insured** for the day of your event, and to provide the EBRPD with a certificate of insurance with endorsement as proof of this coverage.

There are two ways in which this requirement can be fulfilled:

- 1) You may go through your insurance agent to modify your home owners or business insurance policy to meet these requirements. Proof of insurance is due to the EBRPD Reservations Department **at least 60 days prior to your event.**

OR

- 2) Purchase the required insurance through the East Bay Regional Park District by submitting the **Event Holder Questionnaire** (see back) **and the payment at least 60 days prior to your event.** To make payment, call the Reservations Department with a Visa or MasterCard, or mail a check made out to the "East Bay Regional Park District" in the exact amount due.

SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST, RPG

2017 rates only; rates are subject to change. Includes premium to list EBRPD as additional insured, taxes, fees.

Total Attendance	General Liability Premium (no alcohol served and/or sold)	Full Beer/Wine Liability Total (Beer/Wine served and/or sold)
1-25	\$ 66.12	\$ 81.60
26-50	\$100.18	\$115.66
51-150	\$107.40	\$128.04
151-250	\$125.98	\$146.62

Early completion is encouraged and sincerely appreciated. Thank you.

To contact the reservations department, sending forms, or to make payment:

Mailing address: East Bay Regional Park District
 Attention: Reservations Department
 P.O. Box 5381
 Oakland, CA 94605-0381

 Fax: (510) 635-5502
 Email: Reservations@ebparks.org
 Phone: (888) 327-2757, option 2

2017 EVENT HOLDER QUESTIONNAIRE FOR INSURANCE

Contract #: _____ Event Holder Name: _____

Date(s) of Event: 1st Day: _____ 2nd Day: _____ 3rd Day: _____

Total Attendance (participants/guests/volunteers/etc.): 1st Day: _____ 2nd Day: _____ 3rd Day: _____

Facility: Brazilian Room Temescal Beach House Fern Cottage Shoreline Center

Type of Event: Meeting Social Wedding/Reception

Additional Information

Catered? No Yes Caterer Name: _____

*Beer/Wine Served? No Yes *If beer and/or wine are served and/or sold, you must purchase the Full Beer/Wine Liability insurance

*Beer/Wine Sold? No Yes

Entertainment Activities (List): _____

Have you held a similar event in the past? No Yes

If yes, have accidents, incidents, claims or loss arisen from such event? No Yes

Are there any vendors requiring to be listed as Additional Insured? If Yes, list their names and addresses below (additional fees will apply): _____

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1-25	\$ 66.12	\$ 81.60
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SIGNATURE: _____ **DATE:** _____