



City of Biggs

Agenda Item Staff Report For the Council Meeting: July 25, 2017

TO: Honorable Mayor and Members of the City Council
FROM: City Administrator
SUBJECT: Consideration of Event Insurance Reimbursement Policy

Council is asked to consider creating a policy for reimbursement of event insurance expense for certain community events.

Background:

Previously fund 010 4611 1200 was renamed from "Winder Holiday Supplies" to "Biggs Events Supplies". Council expressed a desire to (in part) utilize this fund to assist with the procurement of event insurance for community oriented events.

Staff recommendation is to define a policy for reimbursement.

Some points for consideration and direction:

- 1) How to define events that are eligible?
- 2) Limit of eligible per event expense? EG: \$200 per event? For typical events, this would cover all of the event insurance expense.
- 3) Limit of annual number of eligible events per person or organization? EG: 6?
- 4) Funds available would be limited by the budget line item.

The attached receipt, insurance certificate and additional insured endorsement for BCAV "National Night Out" serve as an example.

Recommendation:
Direct staff.

Mark Sorensen, City Administrator



Receipt

DATE: 07/19/2017
Policy #: M1349437

<p>www.TheEventHelper.com 1020 McCourtney Rd. Suite B, Grass Valley, CA 95949 (530) 477-6521</p>	<p>Policy Limits</p> <table border="0"> <tr> <td>Each Occurrence (Includes Bodily Injury and Property Damage)</td> <td>\$1,000,000</td> </tr> <tr> <td>Personal & Advertising Injury</td> <td>\$1,000,000</td> </tr> <tr> <td>Products / Completed Operations</td> <td>\$1,000,000</td> </tr> <tr> <td>Aggregate</td> <td></td> </tr> <tr> <td>General Aggregate</td> <td>\$2,000,000</td> </tr> <tr> <td>Medical Payments</td> <td>\$5,000</td> </tr> <tr> <td>Liquor Liability</td> <td>Not Included</td> </tr> <tr> <td>Waiver of Subrogation</td> <td>Not Included</td> </tr> <tr> <td>Additional Insured(s)</td> <td>Included</td> </tr> <tr> <td>Hired & Non-Owned Auto</td> <td>Not Included</td> </tr> <tr> <td>Deductible</td> <td>\$1,000</td> </tr> </table>	Each Occurrence (Includes Bodily Injury and Property Damage)	\$1,000,000	Personal & Advertising Injury	\$1,000,000	Products / Completed Operations	\$1,000,000	Aggregate		General Aggregate	\$2,000,000	Medical Payments	\$5,000	Liquor Liability	Not Included	Waiver of Subrogation	Not Included	Additional Insured(s)	Included	Hired & Non-Owned Auto	Not Included	Deductible	\$1,000	<p>Event Details</p> <p>Social Receptions - No Charge for Admission / Invite Only - Outdoors Attendance: 200 people Event Length: 1 day(s)</p>	
Each Occurrence (Includes Bodily Injury and Property Damage)	\$1,000,000																								
Personal & Advertising Injury	\$1,000,000																								
Products / Completed Operations	\$1,000,000																								
Aggregate																									
General Aggregate	\$2,000,000																								
Medical Payments	\$5,000																								
Liquor Liability	Not Included																								
Waiver of Subrogation	Not Included																								
Additional Insured(s)	Included																								
Hired & Non-Owned Auto	Not Included																								
Deductible	\$1,000																								
<p>Event Holder / Insured Biggs Community Action Volunteers Marci Shadd PO Box 9 Biggs, CA 95917</p> <p>Payment From Marci Shadd Card Number: **** * 8417 Card Type: Visa</p>		<p>Cost Breakdown</p> <table border="0"> <tr> <td>Premium:</td> <td>\$ 87.00</td> </tr> <tr> <td>Stamping Fee:</td> <td>\$ 0.17</td> </tr> <tr> <td>Tax:</td> <td>\$ 2.61</td> </tr> <tr> <td>Policy Fee:</td> <td>\$ 46.10</td> </tr> <tr> <td>RPG Fee:</td> <td>\$ 0.00</td> </tr> </table>		Premium:	\$ 87.00	Stamping Fee:	\$ 0.17	Tax:	\$ 2.61	Policy Fee:	\$ 46.10	RPG Fee:	\$ 0.00												
Premium:	\$ 87.00																								
Stamping Fee:	\$ 0.17																								
Tax:	\$ 2.61																								
Policy Fee:	\$ 46.10																								
RPG Fee:	\$ 0.00																								
<p>Refund Policy If I choose to cancel my general liability policy, I will be subject to a refund fee of \$46.10, the full Administration Charge on my policy. In the very unlikely case www.TheEventHelper.com's coverage terms do not meet my venue's insurance requirements and cannot be amended to do so, I am eligible for a full refund of my policy price. No refunds will be issued after the commencement of the policy period.</p>		<p>AMOUNT PAID</p>	<p>\$ 135.88</p>																						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2017

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com	THIS CERTIFICATION 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 Biggs Community Action Volunteers Marci Shadd PO Box 9 Biggs, CA 95917	INSURER A: Evanston Insurance Company	35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC Retail Liquor Liability	3DS5455-M1349437	08/01/2017	08/02/2017	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DEDUCTIBLE \$ 1,000 \$
		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
 Attendance: 200, Event Type: Social Receptions - No Charge for Admission / Invite Only - Outdoors.

CERTIFICATE HOLDER

City of Biggs
 PO Box 307
 Biggs, CA 95917

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

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 Additional Insured Person(s) Or Organization(s)
City of Biggs PO Box 307 Biggs, CA 95917
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.