ADMINISTRATIVE POLICY

GOV-003-A

FACILITY USER INSURANCE REQUIREMENTS

Date Issued: May 5, 2017

Current Revision: July 27, 2023

Next Review: January 1, 2028

Mandated by: City Manager

Cross Reference:
- Special Events Policy and Procedure GEN-021-A

Responsibility: Director, Legislative Services

1. PURPOSE

To ensure that all Renters have access to adequate insurance coverages when renting City Facilities, so that City assets are sufficiently insured against loss.

2. POLICY

The City requires Renters of City-owned property to obtain liability insurance for events that involve any high-risk activities, as determined by the City. In order to ensure Renters obtain the required insurance coverage, the City facilitates the purchase of the insurance and provides general insurance information to Renters.

3. DEFINITIONS

3.1 *City* – means the municipal corporation of the City of Fort Saskatchewan.

3.2 *Renters* – means, for the purposes of this Policy, any individual or organization authorized to occupy City lands or facilities for the purposes of an event through the Special Events process or a Rental Agreement/Permit.

4. GUIDING PRINCIPLES

4.1 High risk events include any activity considered high risk by the Risk Management Officer and/or the City's insurer, at their sole discretion, such as:

a. organized sports;
b. events during which alcohol is served;
c. fireworks;
d. bull-o-ramas;
e. bouncy castles;
f. downhill skiing or snowboarding;
g. snow tubing; or
h. rodeos.

4.2 Renters that do not obtain liability insurance for events that involve high risk activities will not be permitted to rent City-owned or operated facility or lands.

4.3 In accordance with the City's Special Events Policy and Procedure, failure to comply with the conditions of a special event permit, including acquiring the required insurance coverages, will result in the cancellation of any special event permit.

4.4 The cost of any required liability insurance shall be borne solely by the renter.

5. PROCEDURES

5.1 City bookings staff or special event liaisons/coordinators shall advise Renters of liability insurance requirements at the time of booking from an insurer acceptable to the City, or refer renter to Facility User Group Application Form (Schedule "A") which is to be submitted to the City's Risk Management Officer for review.

5.2 Following completion of the Facility User Application Form (Schedule "A"), the City's Risk Management Officer will review the application and present a quote from a third-party insurance provider to the Renter, for their acceptance and payment.

5.3 Liability coverage insurance requirements shall include, at a minimum:

a. $2,000,000.00 liability per occurrence;

b. The "City of Fort Saskatchewan" being added to the policy as an additional insured; and

c. The insurer's requirement to immediately advise the City upon cancellation of insurance coverage.

5.2 Bookings Clerk or special event liaisons/coordinators are to obtain proof of liability insurance from renter prior to event taking place. Proof of liability insurance to be attached to facility rental contract or special event permit.

5.3 The City's Risk Management Officer shall review liability insurance requirements bi-annually.

6. AUTHORITY / RESPONSIBILITY TO IMPLEMENT

The Director, Legislative Services is authorized to establish procedures for the implementation of this Policy which are consistent with the governing principles.

Janel Smith-Duguid

Acting City Manager

CITY OF FORT SASKATCHEWAN
10005 102 Street, Fort Saskatchewan, Alberta T8L 2C5
780.992.6200 | info@fortsask.ca

Schedule "A"

☐ First Application ☐ Reapplication Application Date:_____ Application #: _____
(Internal Use Only)

FACILITY USER GROUP INSURANCE APPLICATION FORM

REQUEST FOR COMMERCIAL GENERAL LIABILITY

Notice to Applicants:

This is only an application form and does not constitute an insurance policy. An insurance quote will be provided using the information that is provided on this application form and will only become effective on an issuance of a policy or the production of a Certificate of Insurance.

The applicant represents that if the information supplied on this application changes between the date of application and the time when the Certificate of Insurance is issued, the Applicant will immediately notify the insuring company. Insurance coverage is not being provided through the City of Fort Saskatchewan, but through a private insurer. It is the applicant's sole responsibility to review the coverage being provided by the insurer to ensure the coverage meets the needs of your event and provides the coverage required by the City.

Applicant Information	
Primary Contact Name	
Phone Number	
Name of Applicant/Renter Organization (if applicable)	
Are you a registered Non-Profit?	☐ **Yes** ☐ **No**
Address of Applicant / Renter	
Email Address	

Event Information	
Has the Applicant suffered any claims in the last five years?	☐ **Yes** ☐ **No**
Name of Facility	
Date(s) of Event	
Hours of Event	
Expected number of attendees over entire Event	
Expected Attendance per-day	

10005 102 Street, Fort Saskatchewan, Alberta T8L 2C5
780.992.6200 | info@fortsask.ca

Event Details (Less than 170 words):

Will Alcohol be served?	☐ Yes	☐ No
If yes, do you already have, or will a Liquor License be obtained?	☐ Yes	☐ No
If yes, what controls are in place for responsible serving and consumption of alcohol? (Less than 170 words)		

Will the Applicant be building any temporary structures?	☐ Yes	☐ No

Declaration:

I/We hereby declare that the information included in this Facility User Group Insurance Application Form, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should an insurance policy be issued this application form will be attached to and form part of the resulting insurance policy, forming the bases of the contract with underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Insurer may declare any policy issued void in the event of any false statements, misrepresentation, omission or concealment in the Facility User Group Insurance Application Form whether made intentionally, innocently or accidentally.

By signing this Facility User Group Insurance Application Form I hereby acknowledge and understand the declaration above:

Applicant Name:

Applicant Signature(s):

Date: