



Rider - Facility Insurance Requirements

1. Lessee shall deliver to Lessor at Lessee's expense a certificate of Public Liability Insurance, protecting Lessor against loss, cost, claim or expense on account of injury to person or property occurring in or about the lease premises during or incident to the use thereof by Lessee or its exhibitors, and covering any damage to personal property or real estate of Lessor or others caused by Lessee, its agents or employees.
2. Insurance amount to be minimum of \$1 million Combined Single Limit (bodily injury and property damage), unless stated otherwise on Facility Lease Agreement.
3. Insurance to cover the time period that contract grants use of facility, including move in, event and move out days. Livestock events that allow animals to arrive early or stay after stated contract times must have insurance coverage for additional days.
4. The certificate of insurance, naming Lessee as insured, must state the contract name as well as the event name or the certificate will not be valid.
5. Certificate of Liability Insurance must have the following required statement: Tulsa County Public Facilities Authority is named as additional insured.
6. Certificate of Liability Insurance must provide that, should the event policy be canceled before the expiration date on the certificate, the issuing company is to notify Expo Square.
7. A copy of the certificate as above must be delivered to the Expo Square Events Department no later than three weeks prior to Lessee's event. Please notify the Event Relations Manager if you develop problems in acquiring a policy within the required time frame. No event move in will be allowed until a copy of the certificate of insurance is on file at Expo Square.
8. Certificate of Liability Insurance with a "pending" policy number will not be accepted.

PLEASE NOTIFY YOUR INSURANCE AGENT OF THESE REQUIREMENTS OR FORWARD THIS TO YOUR AGENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

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).

PRODUCER Insurance Company Name Contact name Address City ST Zip Code	CONTACT NAME: John Doe PHONE (A/C, No, Ext): (918) 555-5555 E-MAIL ADDRESS: Jdoe@domain.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Company Name Contact Address City ST Zip Code	INSURER A : Insurer's Legal Name	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X		<i>Event Start Date</i>	<i>Event End Date</i>	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Tulsa County Public Facilities Authority and Expo Square are named as Additional Insured with respect to operations provided at the *Event Name* from *Event Start Date* to *Event End Date* to include move-in and move-out. Additional insured will be extended under the General Liability coverage. Waiver of subrogation in favor of the Authority will be issued on General Liability coverage.

CERTIFICATE HOLDER Tulsa County Public Facilities Authority/Expo Square 4145 E. 21st Street Tulsa, OK 74114	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE