



The Mill Insurance Policy

Insurance Requirements: The user shall procure and maintain, for the duration of the use or rental period, insurance against any and all claims for injuries to persons or damage to property which may arise from or in connection with the use of the facility and the activities of the user and his or her or its guests, representatives, employees, and volunteers.

Events at The Mill on Lake Stevens (The Mill) that require insurance include but are not limited to:

- Events serving alcohol.
- Events deemed to be high risk.
- Events open to the public.
- Events with more than 150 people.
- Other events as determined by the City and communicated to the user.

Certificates of Insurance: A certificate of insurance meeting the requirements outlined in this document must be on file with the City at least 30 days prior to your event. Certificates of insurance must include the following information:

- Encompasses a policy period that includes the date of rental.
- List the date, time, and location of the event.
- Identify the Renter as the policy holder/named insured.
- Minimum policy limits of \$2,000,000 general aggregate and \$1,000,000 per person/per incident.
- Include an endorsement listing the "The City of Lake Stevens, its officials, officers, employees, agents, and volunteers" as an additional insured.
- List the Certificate Holder as "City of Lake Stevens, 1812 Main Street, Lake Stevens, WA 98258".
- If alcohol is being served, the certificate must include an Alcohol/Host Liability Clause.

Limits of Liability: The user is required to procure, at its own expense, General Liability insurance at least as broad as Insurance Services Office (ISO) occurrence form CG 00 01 covering premises, operations, products-completed operations, and contractual liability. The City of Lake Stevens shall be named as an additional insured on the User's General Liability Insurance policy using ISO Additional Insured-Managers or Lessors of Premises Form CG 20 11 or an endorsement providing at least as broad coverage.

The user's maintenance of insurance as required by the City of Lake Stevens shall not be construed to limit the liability of the user to the coverage provided by such insurance, or otherwise limit the City's recourse to any remedy available at law or in equity.

Obtaining Insurance: Your personal insurance agent or an insurance agency may be able to provide you with the insurance that is needed. You may also obtain insurance through the City of Lake Stevens' insurance broker, Washington Cities Insurance Authority (WCIA). The cost of this insurance will vary. To obtain a quote and/or insurance Using WCIA Venue ID Codes:

- Access the website at <https://www.wciapool.org/216/Event-Insurance>.
- The Mill's ID code is 0465-244.
- The user answers questions about the event. DO NOT CLICK THE LIQUOUR LIBALITY BUTTON UNLESS YOU ARE SELLING ALCOHOL.
- **If the user elects to purchase the insurance, it must be in the user/contract holder's name. We will ask for the name to be changed if it isn't in the user's name.**



- The transaction is completed with credit card online. Visa and MasterCard are accepted for payment. After credit card approval, an insurance certificate will be emailed to the user (contact information email address) and to The Mill (WCIA member) email address.

Submitting Proof of Insurance: A copy of the relevant Certificate of Insurance, including all applicable endorsements, must be uploaded to CivicRec, or email us at least 30 days before your event. Failure to provide necessary insurance documentation will result in the automatic cancellation of the reservation. Please see the cancellation policy in the [Facility Rental Policy](#) for details.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2024

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 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 	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED RENTER'S NAME AND ADDRESS	INSURER A:	NAIC #
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXPI (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Host Liquor Liability						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT AMOUNTS PER:						GENERAL AGGREGATE \$ \$2,000,000
	POLICY PRO-LOC						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NH)	<input type="checkbox"/> Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

INFORMATION HERE SHOULD INCLUDE: LOCATION: THE MILL, AND SHOULD INCLUDE AN ENDORSEMENT LISTING "THE CITY OF LAKE STEVENS, ITS OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, AND VOLUNTEERS" AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER

CANCELLATION

CITY OF LAKE STEVENS
1812 MAIN STREET
LAKE STEVENS, WA 98258

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