



Hickman Community Center 115 Locust Street, Hickman, NE Insurance Requirements

All large events and activities at the Community Center require proof of insurance. Small events and business meetings require contact information of insurance provider. If any activities present a special or unusual hazard during any event at the Community Center, additional insurance may be required. The City of Hickman's insurance provider will identify appropriate categories for any event not listed on the backside of this form. In no instance, will the required insurance be less than \$1,000,000 with \$5,000 Medical Expense. This requirement is to ensure a safe and successful event. A separate event application form is required for all rentals.

EVENT APPLICANT NAME _____

SCHEDULED EVENT DATE _____

TYPE OF EVENT _____

Are you planning any activities that represent a special or unusual hazard? YES NO

If YES, please describe: _____

Are participants required to sign a release or waiver? YES NO

If YES, please attach a copy of the release or waiver. Any releases or waivers used by the contracting party shall include a provision releasing the City of Hickman from liability while utilizing the City's facilities.

Are you planning any activities for which your insurance excludes coverage? YES NO

If YES, please describe: _____

NAME OF INSURANCE PROVIDER _____

NAME OF INSURANCE AGENT _____

AGENT'S ADDRESS _____

AGENT'S EMAIL _____

AGENT'S PHONE _____

ACKNOWLEDGMENT:

I have read and understand the printed insurance requirements for the above scheduled event.

Print Name (Applicant)

Signature

Address, City, State, Zip

Phone

*REFER TO BACKSIDE OF THIS FORM ON INSURANCE REQUIREMENTS FOR YOUR EVENT

Insurance Requirements

MISCELLANEOUS INSURANCE CATEGORIES

(Contact the City of Hickman at 402-792-2212 for specific information)

**GENERAL LIABILITY INSURANCE CATEGORY "A" Minimum
\$1,000,000 - to include \$5,000 Medical Expense City of Hickman
named as Additional Insured**

General Aggregate	\$1,000,000
a. Bodily Injury/Property Damage	\$1,000,000 each occurrence
b. Personal Injury Damage	\$1,000,000 each occurrence
c. Contractual Liability	\$1,000,000 each occurrence
d. Products Liability & Completed Operations	\$1,000,000 each occurrence
e. Fire Damage	\$ 100,000 each occurrence
f. Medical Expense	\$ 5,000 any one person

Example: Indoor Events (non-sport)

**GENERAL LIABILITY INSURANCE CATEGORY "B" Minimum
\$2,000,000 - to include \$5,000 Medical Expense City of Hickman
named as Additional Insured**

General Aggregate	\$2,000,000
a. Bodily Injury/Property Damage	\$1,000,000 each occurrence
b. Personal Injury Damage	\$1,000,000 each occurrence
c. Contractual Liability	\$1,000,000 each occurrence
d. Products Liability & Completed Operations	\$1,000,000 each occurrence
e. Fire Damage	\$ 100,000 each occurrence
f. Medical Expense	\$ 5,000 any one person

Examples: Basketball, volleyball or other limited contact sports

**GENERAL LIABILITY INSURANCE CATEGORY "C"
Minimum \$5,000,000 - to include \$5,000 Medical Expense
City of Hickman named as Additional Insured**

General Aggregate	\$5,000,000
a. Bodily Injury/Property Damage	\$1,000,000 each occurrence
b. Personal Injury Damage	\$1,000,000 each occurrence
c. Contractual Liability	\$1,000,000 each occurrence
d. Products Liability & Completed Operations	\$1,000,000 each occurrence
e. Fire Damage	\$ 100,000 each occurrence
f. Medical Expense	\$ 5,000 any one person

Examples: Full contact sports, large concert

The City of Hickman Insurance Provider (LARM - Risk Manager) will identify appropriate category for any event not listed above. In no instance, will the required insurance be less than \$1,000,000 with \$5,000 Medical Expense.