

Insurance

Permit holders are required to have appropriate liability insurance.

The holder shall furnish proof of insurance, such as a certificate of insurance, to the authorized officer **prior to issuance of this permit and each year thereafter** that the permit is in effect. The Forest Service reserves the right to review and approve the insurance policy prior to issuing a permit. It is the responsibility of the holder to ensure current insurance is on file with the forest at all times.

The holder shall send:

- Insurance policies obtained by the holder shall name the United States as an additional insured, and the additional insured provision shall provide for insurance coverage for the United States as required under relevant permit clause.
- The certificate of insurance, the authenticated copy of the insurance policy, and written notice of cancellation or modification of insurance policies should be emailed to the Apache-Sitgreaves National Forests at SM.FS.R3ASRecPrmit@usda.gov
- Minimum amounts of coverage and other insurance requirements are subject to change at the sole discretion of the authorized officer on the anniversary date of this permit.

The minimum limits can be found on the next page.

Minimum Coverage Amounts for Liability Insurance

FSM Cite	Type of Special Use	Minimum Coverage - amount in \$1000 (separate amounts of coverage)	Combined single limit amount in \$1000
2721.11	Boat Dock and Wharf	25/100/300	300
2721.12	Clubs	25/300/500	500
2721.13	Organization Camps	25/300/500	500
2721.14	Trail Shelters	25/100/300	300
2721.15	Private Camps	25/300/500	500
2721.22	Houseboats (insurance is required only for concessions)	25/300/300	300
2721.30	Lodging	25/300/500	500
2721.32	Hotel/Motel	25/300/500	500
2721.33	Resorts	25/300/500	500
2721.41	Camp and Picnic	25/100/300	300
2721.42	Caves and Caverns	25/100/300	300
2721.43	Golf Course	25/100/300	300
2721.44	Park and Playground	25/100/300	300
2721.46	Rifle and Target Ranges	25/100/300	300
2721.47	Trailer Courts or Camps	25/300/300	300
2721.48	Tramway	50/500/2000	2000
2721.49	Recreation Event	See 2721.53	
2721.52	Marina	50/500/500	500
2721.53	Outfitting and Guiding		
	Aerial Activities - 1 person - 2 or more people	25/500/1000 25/500/2000	1000 2000
	Backpacking	25/300/300	300
	Bicycling	25/500/500	500
	Bus, Van, Four-Wheel Drive Tours, ATV	25/500/500	500
	Hunting	25/500/500	500
	Nature Hikes	25/300/300	300
	Nordic Skiing	25/300/300	300
	Pack and Saddle Stock, Equestrian	25/500/500	500
	Rafting and Boating		

FSM Cite	Type of Special Use	Minimum Coverage - amount in \$1000 (separate amounts of coverage)	Combined single limit
	Class IV-V Rafting and Boating	25/500/1000	1000
	Class I-III	25/500/500	500
	Rock Climbing	25/500/500	500
	Running and Walking Events	25/300/300	300
	Snowmobiling	25/500/500	500
2721.54	Rental Services	25/100/300	300
2721.55	Restaurant	25/100/300	300
2721.56	Service Station	25/100/300	300
2721.57	Store, Shop, Offices	25/100/300	300
2721.58	Vendor and Peddler	25/100/300	
2721.61	Winter Sports Resorts		
	Nordic Skiing	25/300/500	500
	Snow Play	25/500/1000	1000
	Alpine Skiing	25/500/2000	2000
	Avalanche Training	25/500/1000	1000
2721.62	Lifts	50/500/2000	2000
2721.63	Ski Slopes	50/500/2000	2000
2721.64	Ski Activities	25/100/300	300
2721.65	Snow Play	25/500/1000	1000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/22/2021

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 Leavitt Recreation & Hospitality Insurance, Inc. 942 14th Street Sturgis SD 57785	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Shawna Royer</td> </tr> <tr> <td>PHONE (A/C No. Ext): (800)525-2060</td> <td>FAX (A/C No): (866)465-2797</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: shawna-royer@leavitt.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Compar</td> <td>NAIC # 18058</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Shawna Royer		PHONE (A/C No. Ext): (800)525-2060	FAX (A/C No): (866)465-2797	E-MAIL ADDRESS: shawna-royer@leavitt.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Philadelphia Indemnity Insurance Compar	NAIC # 18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED YOUR COMPANY NAME - For LLC, Incorporations, etc. this name and address need to match how the company is registered with the Secretary of State. For individuals name and address should match what's on the permit.																					

COVERAGES **CERTIFICATE NUMBER: 21/22 COI** **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		PHPK2291107	7/15/2021	7/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input 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)
 IT IS UNDERSTOOD AND AGREED THAT THE CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED, BUT ONLY WITH RESPECT TO ITS LIABILITY ARISING OUT OF THE ACTIVITIES OF THE NAMED INSURED.

Several Locations, AZ

CERTIFICATE HOLDER US Government Apache-Sitgreaves NFs 30 S. Chiricahua Dr Springerville, AZ 85938	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 Damian Petty/KAEVAN
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