

SPECIAL USES PERMIT INSURANCE REQUIREMENTS
USDA FOREST SERVICE
MEDICINE BOW-ROUTT NATIONAL FORESTS
THUNDER BASIN NATIONAL GRASSLAND

The following insurance guidelines are provided to show how the Certificate of Insurance needs to be prepared to meet the agency direction.

The special use permit requires the permit holder to indemnify the United States against any liability for damage to life or property arising from the occupancy or use of National Forest System Lands. The permit requires the permit holder to have the insurance company name the "United States Government" as an additionally insured party. In addition, the Certificate of Insurance and the insurance policy shall contain a specific provision to the effect that the policy shall not be cancelled or the provisions changed or deleted before thirty (30) days written notification by the insurance company to the additionally insured party.

A copy of the Certificate of Insurance must be submitted to the Special Uses Permit Administrator before a special use permit will be issued. For long-term or high risk projects, the Administrator may require that a copy of the actual insurance policy be furnished before the permit is issued.

The "Policy Effective Date" on the insurance policy should **NOT** expire during your permit operation period.

The following additional insurance clause **shall be shown in verbatim** on the Certificate of Insurance and as a clause or an endorsement in the insurance policy:

"It is understood and agreed that the United States Government is Certificate holder as additional insured solely as respects liability arising from operations of the named insured."

The following 30 day clause is also mandatory and **shall be shown in verbatim** on the Certificate of Insurance, and as a clause or an endorsement in the insurance policy:

"Should any of the above described policies be cancelled before the expiration date thereof, the issuing must notify the Additionally Insured Party thirty (30) days written notice to the certificate holder named to the left."

The following **shall be shown in verbatim** in the certificate holder box:

*"U.S. Government
Medicine Bow-Routt National Forest
2468 Jackson St
Laramie, WY 82070"*

The amount of liability insurance required will depend on the type of permit issued and

the degree of risk involved. The Special Uses Permit Administrator and prospective permit holder should discuss required liability coverages. The minimum amounts acceptable for Split Limit Liability Coverage is: Property damage: \$25,000; Death or injury to one individual: \$100,000; Death or injury to more than one individual: \$300,000. The minimum amounts acceptable for Combined Single Limit Liability Coverage is \$300,000.

A permit will not be issued:

- 1) If the clauses are not on the Certificate of Insurance and insurance policy in verbatim,
- 2) If the minimum coverages for liability insurance is not met- unless specifically given permission in writing by the Permit Administrator.
- 3) If the "Policy Effective Date" on the insurance policy expires during the permit operation period.

CERTIFICATE OF INSURANCE EXAMPLE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/14/2005			
PRODUCER (307)745-8981 FAX (307)745-8987 BW Insurance Agency, Inc. 222 E Garfield St PO Box 926 Laramie, WY 82073		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED		INSURERS AFFORDING COVERAGE			
<div style="border: 2px solid red; padding: 5px; background-color: yellow;"> PERMIT HOLDER'S NAME, BUSINESS NAME & MAILING ADDRESS </div>		INSURER A: Gillingham & Associates			
		NAIC #			
<div style="border: 2px solid red; padding: 5px; background-color: yellow; text-align: center;"> Policy Effective Date should NOT expire during normal operation period. </div>					
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED UNDER THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN SHALL BE SUBJECT TO THE POLICIES, AGGREGATE LIMITS SHOWN AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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	[REDACTED]	09/15/2005	09/15/2006	EACH OCCURRENCE \$ 150,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 150,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - CONSUMER APP \$ 300,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				
	WORKERS COMPENSATION EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

REQUIREMENTS FOR A PERMIT HOLDER'S CERTIFICATE OF INSURANCE

This is the minimum coverage that is normally required (unless otherwise specified - certain activities require higher coverage). To provide extra protection, you may choose to carry more than the minimum. Talk to your agent about what is appropriate.

Brief description of all that you do on National Forest lands that insurance covers you for. Examples: "Guided big game hunts", "Guided fishing trips", "Guided backpacking trips", "Guided horseback rides", "Guided whitewater raft trips", "Mountain bike race event" or "Horse (or llama) livery service".

CERTIFICATE HOLDER
 This must specify:
 U.S. GOVERNMENT
 C/O US FOREST SERVICE
 MEDICINE BOW-ROUTT NATIONAL FORESTS
 2468 JACKSON ST
 LARAMIE, WY 82070

Must specify "CERTIFICATE HOLDER AS ADDITIONAL INSURED SOLELY AS RESPECTS LIABILITY ARISING FROM OPERATIONS OF THE NAMED INSURED"

Must specify 30 days

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL [REDACTED] MAIL [REDACTED] DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, [REDACTED] BY [REDACTED] AUTHORIZED REPRESENTATIVE

Must have insurance company representative's signature

Cross out all blacked-out wording. Insurance company must NOTIFY us of cancellation, not just ENDEAVOR TO notify us. Failure to do so does impose obligations and/or liabilities.