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*
> *925 Weiss Drive*
> *Steamboat Springs, CO 80487"*

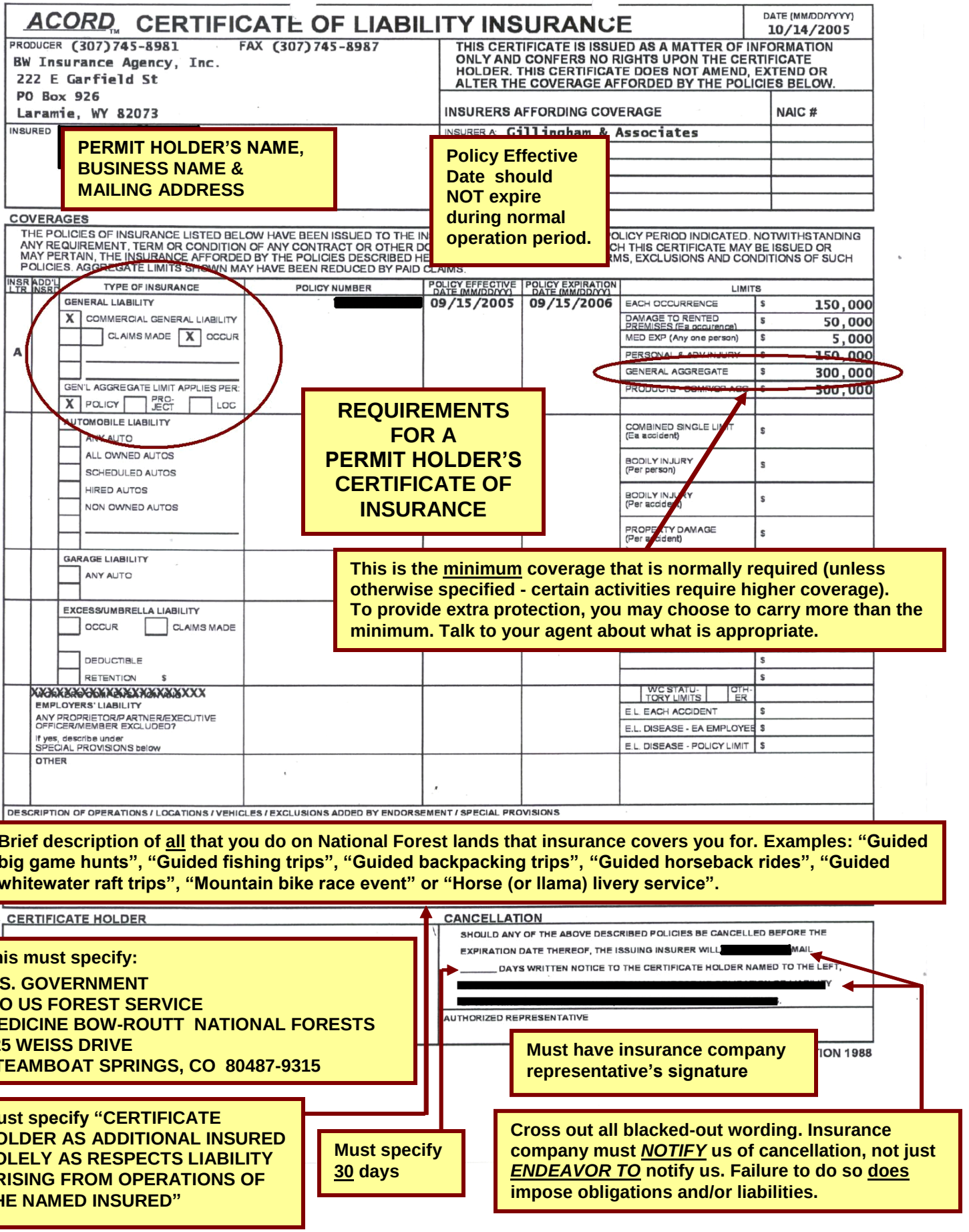
The amount of liability insurance required will depend on the type of permit issued and

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.

INSURERS AFFORDING COVERAGE | NAIC #

INSURED [redacted]

INSURER A: Gillingham & Associates

PERMIT HOLDER'S NAME, BUSINESS NAME & MAILING ADDRESS

Policy Effective Date should NOT expire during normal operation period.

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE IN… OLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DO… CH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HE… RMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	[redacted]	09/15/2005	09/15/2006		
		X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	$ 150,000
		CLAIMS MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
						MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 150,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	$ 300,000
		X POLICY PRO-JECT LOC				PRODUCTS - COMP/OP AGG	$ 300,000
		AUTOMOBILE LIABILITY					
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	$
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS				BODILY INJURY (Per accident)	$
		HIRED AUTOS				PROPERTY DAMAGE (Per accident)	$
		NON OWNED AUTOS					
		GARAGE LIABILITY					
		ANY AUTO					$
		EXCESS/UMBRELLA LIABILITY					$
		OCCUR CLAIMS MADE					
		DEDUCTIBLE					
		RETENTION $					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

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.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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
925 WEISS DRIVE
STEAMBOAT SPRINGS, CO 80487-9315

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL [redacted] MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, [redacted].

AUTHORIZED REPRESENTATIVE

Must have insurance company representative's signature

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

Must specify 30 days

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.