



## CITY OF SEWARD

### SPECIAL EVENT/FACILITY USE APPLICATION

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Hours of Event: \_\_\_\_\_ To \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Main Emergency Contact Person & Cell Number during Event:  
\_\_\_\_\_

Does this organization have insurance? Yes / No *If yes please provide a copy of insurance.*

#### **INSURANCE REQUIREMENTS**

The facility user shall not commence with use of the city's facility until the user has obtained the insurance required under this agreement. All coverage shall be with insurance carriers licensed and admitted to do business in the State of Alaska. All coverage shall be with carriers acceptable to the City of Seward.

**General Liability Insurance:** The Facility User shall procure and maintain during the life of this agreement, General Liability Insurance on an "occurrence basis" with limits of liability not less than \$1,000,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage.

**Vehicle Liability Insurance:** The facility user shall procure and maintain during the life of this agreement, Motor Vehicle Liability Insurance, including applicable uninsured/underinsured coverage, with limits of liability of not less than \$1,000,000 per occurrence combined single limit Bodily Injury and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

**Workers Compensation Insurance:** The facility user shall procure and maintain during the life of this agreement, Workers Compensation Insurance, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Alaska.

**Additional Insured:** General liability insurance and vehicle liability insurance, as described above, shall include an endorsement stating the following shall be Additional Insured: The City of Seward, its elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and board members, including employees and volunteers thereof. This coverage shall be primary to the Additional Insured's, and not contributing with any other insurance or similar protection available to the Additional Insured's, whether the other available coverage be primary, contributing or excess.

**Cancellation Notice:** General liability insurance and vehicle liability insurance, as described above, shall include an endorsement stating the following: "Thirty (30) days advance written notice of cancellation, non-renewal, reduction and/or material change shall be sent to: City of Seward, PO Box 167, Seward, AK 99664-0167

**Proof of Insurance Coverage:** The facility user shall provide to the City of Seward, at the time the agreement is presented to them for execution, Certificates of Insurance and/or policies, acceptable to the City of Seward, as listed below:

- a. Certificate of Insurance for General Liability Insurance
- b. Certificate of Insurance for Vehicle Liability Insurance
- c. Certificate of Insurance for Workers Compensation Insurance

**Name or location of facility/road to be used:**

**Describe all activities that will take place in conjunction with the use of this facility:**

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**Approximate number of event attendees:** \_\_\_\_\_

**Describe if this event impacts public roads or parking which roads/lots:**

**Please attach a site plan.**

**Please attach a traffic flow plan if event will impact public road or parking lot**

**Will alcohol or food be served at this event? Yes / No** if yes please provide who is the serving entity and how will minors be excluded?

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**Will event security be needed or provided or will the event be fenced off? Yes / No** if yes please list who will be providing

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**Please describe safety measures that will be used to safeguard the attendees:**

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**Will extra sanitation stations be needed and placed on site? Yes / No** if yes please list who will be providing service.

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**Are there extra electrical needs? Yes / No** if yes please list name and number of who will be providing.

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## **OTHER REQUIREMENTS:**

Comply with all local, state and federal laws and regulations.

To the fullest extent permitted by law, \_\_\_\_\_ agrees to defend, indemnify and hold harmless the City of Seward, its elected and appointed officials, employees, and volunteers against any and all liabilities, claims, demands, lawsuits, or losses, including costs and attorney fees incurred in defense thereof, arising out of or in any way connected or associated with the use of City of Seward Property during \_\_\_\_/\_\_\_\_/2023 thru, \_\_\_\_/\_\_\_\_ 2023

I certify to the best of my knowledge that all required and otherwise important information is explained herein and is in accordance with the requirements of the "**Facility Use Agreement**".

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return to: City of Seward c/o Shannon Thorn  
P.O. Box 167, Seward, AK 99664 Phone: 907-224-4047 Email:  
[sthorn@cityofseward.net](mailto:sthorn@cityofseward.net), Fax 907-224-4038

### CITY INTERNAL DEPARTMENT SIGNOFF (event specific)

Issue   Signoff   Comments

Harbor		
Fire/Life Safety		
Police		
Public Works		
Electric		
Insurance/Risk		
Parking/Parks		