

SPECIAL EVENT REQUEST

Type of Request _____

Organization _____

Address _____

Name/Phone Number Contact Person _____

Date/Time (starting-ending) _____

No. of Participants _____

Insurance Coverage to include the Borough as an additional insured including a waiver of subrogation and endorsement of each (see attached): Must submit copies of insurance certificate(s) with waiver of subrogation and endorsements and all other information with event request or prior to the event.

Event Route: Please include a map with your proposed route.

Special Requests: _____

FOR OFFICE USE ONLY

Approved by Council _____ **Cost to Borough** _____

Public Safety Costs _____ **Public Works Costs:** _____

Special Event Insurance Requirements : Sponsor/Entity is to provide:

- **General Liability insurance at \$1,000,000 per occurrence and \$2,000,000 aggregate;**
- **Clarion Borough must be named as “Additional Insured”; and**
- **The insurance certificate(s) shall name Clarion Borough as an Additional Insured and shall include a Waiver of Subrogation and endorsement of each certificate.**

The Borough reserves the right to request an Umbrella Liability coverage when the proposed event is of significant size and/or the sponsor can afford such coverage.