



## Facility Use Application Procedures, Policies and Regulations

Thank you for your interest in renting a facility with the City of Lancaster. We are pleased to provide service for your meeting or event. Please refer to the items below as a guideline to ensure your event is successful and enjoyable.

### FACILITY USE APPLICATION

1. A Facility Use Application form must be completely filled out and submitted no later than **two weeks** prior to the date of the event. All applications are subject to review and approval prior to confirmation of the facility rental. **Make sure set-up and take-down time is included.** The facility and staff will be scheduled only at the times indicated on your application.
2. Any change to the original application must be submitted in writing at least 5 days prior to the event.

### CLEANING/DAMAGE DEPOSIT

1. The refundable cleaning/security deposit is due at the time the application is submitted. Deposits may change due to the nature and size of the event.

### FACILITY USE FEES

1. Rental fees are due in full 14 days prior to the event. Applicants will be charged at the current rates in the Fee Resolution for deposits, various facility rentals, staffing, lights, field preparation, and insurance fees when applicable. Pool rentals require lifegaurds-3 guards for 1-75 people, 4 guards for 75-100, 5 guards for 101-to capacity.

### SET-UP/CLEAN-UP RESPONSIBILITIES

1. The applicant must submit a set up diagram for all indoor rentals along with the Facility Use Application. Any change to the original set-up diagram must be submitted at least 5 days prior to the event.
2. Tables and chairs are set up by staff and are included with all indoor facility rentals. Include the number of tables and chairs you will need for your indoor rental. Equipment is limited at each facility based on room capacity. We do not move tables and chairs between facilities or permit the equipment to be used outside.
3. Set-up and take down of decorations must be done within allotted rental time. If you are decorating, the use of adhesive fasteners is prohibited on walls, ceilings and windows in all indoor rental facilities. If damage is caused by the use of these products, the cleaning/damage deposit will be forfeited. Please contact the Parks, Recreation, and Arts staff at City Hall for acceptable alternatives.
4. Hours requested should include time for the permittee's set-up needs. Individuals associated with the event will not be allowed to enter the facility before the time indicated. All individuals associated with the event must vacate the facility by the indicated ending time or risk loss of security deposit.
5. Special City equipment is not available for facility rentals (i.e. stages, projectors, PA systems, or sound systems). Delivery/pick-up of supplies or equipment must occur at the facility during the rental period. Nothing can remain after the event. Staff is not responsible for any items left in the facility after your scheduled event has concluded.
6. Specifically state all electrical needs. Please be advised that not all outdoor facilities have this option.



### INSURANCE REQUIREMENTS

1. Original certificate of Liability Insurance: A current Original Certificate of Liability Insurance naming the City of Lancaster as additionally insured is required from any company, non-profit agency or church. The Certificate must contain specific wording as provided in the sample Certificate attached. This can normally be obtained from the renter's insurance agent.
2. Endorsement: The City requires an Endorsement with the Certificate of Liability Insurance. Exact requirements are indicated on the sample Endorsement form attached. The Endorsement is provided by your insurance carrier; however, you must specifically request it.
3. Only individuals can purchase one-day event insurance from the City of Lancaster
4. Insurance Deadline: The Certificate of Insurance and the Endorsement are due 5 days prior to the event.

### SMOKING/ALCOHOL USE

1. No smoking is permitted in the building or within 20' of the entrances. Smoking is also prohibited within 100' of children's play areas.
2. No alcohol is permitted in the City buildings.

### AMPLIFIED SOUND

1. Amplified sound is allowed in the buildings. However, due to the close proximity of homes, amplified sound is restricted at several parks. Please be advised that amplified sound is only permitted on a limited basis.

### BOUNCER/INFLATABLES

1. Due to the high risk associated with this type of equipment, an additional \$2 million Certificate of Liability Insurance and Endorsement must be obtained by the equipment company or by an outside insurance agency. Insurance cannot be purchased through the City for this type of equipment.

### CANCELLATION POLICY

1. Cancellations must be made **in writing** at least 14 days prior to the event to avoid cancellation charges. For more detailed information on cancellation fees please contact the Parks, Recreation, and Arts Department – Facility Rentals, at (661)723-6077.



## Facility Use Application Insurance Requirements

The City of Lancaster requires all persons renting City facilities to provide a Certificate of Insurance and Endorsement. You may provide your own certificate or purchase a one-day special event policy from the City if you are an individual. Pursuant to City Ordinance 299, applicants shall be required to provide the City's minimum public liability and property damage One Million Dollar (\$1,000,000) insurance policy.

### CITY ACQUIRED INSURANCE

Only individuals can purchase one-day event insurance from the City. A fee will be assessed for the Certificate according to attendance at your event and risk factor. The fee is non-refundable. The Certificate is good only for the day of your event.

### PROVIDING YOUR OWN INSURANCE

If you choose to provide your own certificate utilizing your existing insurance, **you must add an endorsement**, or rider, naming the City of Lancaster as additional insured.

Per the City Attorney, **the following language must be included** in the CERTIFICATE HOLDER section of the certificate:

"City of Lancaster, its elected officials, officers, employees and volunteers are included as additional covered parties, but only insofar as the operations under this contract are concerned."

In the section DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS, for single use events, **list the facility being utilized, the function title, and the date(s) of use**. For on-going functions, use the following language: **For use of the City of Lancaster's facility for the period of the policy**.

The City also requires an Endorsement Letter that changes the insurance policy. Please see attached sample and note your insurance agent will need to be notified regarding the endorsement.

### LIMITS OF LIABILITY REQUIREMENTS

The following types and limits of insurance are required:

1. Comprehensive or commercial general liability insurance to include the following coverage; premises/operations, products/completed operations (when applicable), contractual, personal injury, broad from property damage, with limits not less than One Million Dollars (\$1,000,000) combined single limit for bodily injury and property damage.
2. Workers Compensation Insurance and Employer's Liability Insurance, as required by the Labor Code of the State of California and Employer's Liability limits of One Million Dollars (\$1,000,000.00) per accident is required for any company or vendor hired for your event.
3. The City may require other insurance coverage deemed appropriate for the event.

### BREACH OF INSURANCE REQUIREMENTS

If Permittee, for any reason, fails to maintain insurance coverage, which is required pursuant to this Permit, the same shall be deemed a material breach of contract. City, as its sole option, may terminate this Permit and obtain damages from the Permittee resulting from said breach.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/28/2011

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).

<b>PRODUCER</b> <b>Vinsa Insurance Associates</b> Cal Lic 0366679 P O Box 4550 <b>Lancaster CA 935394550</b>	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>661.948.5041</b>		FAX (A/C, No): <b>661.948.9744</b>
	<b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b>		
<b>INSURED</b> Name of Contractor and/or Contracting Agency 12345 Anywhere Street Anywhere, CA 12345	<b>INSURER A:</b> <b>Scottsdale Insurance Co.</b>		<b>NAIC #</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:**10-11 Special Event      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		CPS1229216 <i>This is sample certificate only.</i>	10/12/2010	10/12/2011	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	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule. If more space is required) *Include Title and Date of Event.*  
30 Days written Notice of Cancellation to Certificate Holders; 10 Days notice of Cancellation for Non-Payment.  
Additional Insureds: The City of Lancaster, its elected officials, officers, employees and volunteers are included as additional covered parties, but only insofar as the operations under this contract are concerned.

<b>CERTIFICATE HOLDER</b> City of Lancaster and its Named Entities 44933 N. Fern Avenue Lancaster, CA 93534	<b>CANCELLATION</b> 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 E Atilano/MAILI
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PARKS, ARTS, RECREATION,  
& COMMUNITY SERVICES

44933 Fern Avenue  
Lancaster, CA 935534  
661.723.6000  
cityoflancafterca.org

POLICY NUMBER: ABC123456

COMMERCIAL  
GENERAL LIABILITY

THIS ENDORCEMENT CHANGES THE POLICY  
PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (Form B)**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

Name of person or Organization (Additional Insured):

City of Lancaster, its elected officials, officers, employees and volunteers are included as additional covered parties, but only insofar as the operations under this contract are concerned.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include an insured as insured the person or organization shown in the Schedule, but only with respect to liability arising out of “your work” for that insured by or for you.

G 20 10 11 85 Copyright, Insurance Services Office, Inc. 1984





### Facility Rental Application

Please complete this entire form and submit to the City of Lancaster Parks, Recreation & Arts Department. Applications must be received at least two weeks, but no more than six months, prior to the requested use date. It is understood that this application is only a request for facility use. Completing this application in no way indicates approval for use of City facilities.

**Requested park or facility:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Heroes Park (AHP)  | <input type="checkbox"/> Lancaster Soccer Center (LNSC)           | <input type="checkbox"/> Rawley Duntley Park (RDP)        |
| <input type="checkbox"/> Cedar Center (CC)           | <input type="checkbox"/> Lancaster Museum of Art & History (MOAH) | <input type="checkbox"/> Skytower Park (STP)              |
| <input type="checkbox"/> Eastside Pool               | <input type="checkbox"/> Sgt. Steve Owen Memorial Park (OMP)      | <input type="checkbox"/> Tierra Bonita Park (TBP)         |
| <input type="checkbox"/> Jane Reynolds Park (JRP)    | <input type="checkbox"/> Deputy Pierre Bain Park (PBP)            | <input type="checkbox"/> Webber Pool                      |
| <input type="checkbox"/> Lancaster Municipal Stadium |   | <input type="checkbox"/> Western Hotel Museum (WHM) Patio |

Other (specify) \_\_\_\_\_

**Requested park area(s):** (check all that apply)

- Activity center (small meeting room/large meeting room)
- Activity center with kitchen privileges
- Athletic field (specify type and number) \_\_\_\_\_
- Group picnic shelter (for Rawley Duntley Park, include the shelter #) \_\_\_\_\_
- Lifeguards (specify number of guards) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**Type of function/activity:** (meeting, picnic, etc.) \_\_\_\_\_

**Estimated Attendance:** # of adults \_\_\_\_\_ # of children \_\_\_\_\_ # total \_\_\_\_\_

**Requested date and times:** Please include any necessary set-up or clean-up time. The start time you list is the time you will be granted access to the facility. Your finish time should be the time you will leave the area. When use dates exceed two days, please attach a schedule of dates and times.

Date: \_\_\_\_\_ S M T W Th F Sa Set-up Time: \_\_\_\_\_ Event Time: \_\_\_\_\_ am / pm To \_\_\_\_\_ am / pm

If date above is not available, please provide an alternate date(s).

Date: \_\_\_\_\_ S M T W Th F Sa Set-up Time: \_\_\_\_\_ Event Time: \_\_\_\_\_ am / pm To \_\_\_\_\_ am / pm

**Equipment:** Tables chairs and other equipment normally located at the requested facility can be made available for indoor use. Additional charges may be required for some equipment. Equipment is not available for outdoor use. PA systems, audio-visual equipment, and stage risers are not available. Tables are available at all indoor facilities. List the number/type of tables and chairs needed below. Electricity and water are not always available for outdoor use.

Dining Tables _____	Chairs _____	Water _____
Serving Tables _____	Electricity _____	Other _____

**Customer/Applicant Information:** The customer is the person, group, or organization who is financially responsible for the function. The applicant is the person submitting this application. Any deposit refunds will be made payable to the customer.

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_  
(number, street, city, state, zip code)

Home phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Additional contact name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_



**Insurance:** The City of Lancaster requires all facility users to provide a certificate of insurance for \$1,000,000 in liability coverage, with the City of Lancaster named as additional insured. You may provide your own or purchase a one-day event policy from the City if you are an individual.

I will provide my own insurance. Proof of insurance in the form of an original signed certificate is due in our office no later than five working days prior to the facility use.

I wish to purchase one-day event insurance from the City of Lancaster. Insurance rates vary depending on the type of activity and the number of participants.

**Additional Information:** To aid us in processing your application, please answer the following questions.

1. Is this activity:
 

... a private function where only invited guests or members may attend?	YES	NO
... open to the general public to attend?	YES	NO
2. Is this activity sponsored by a recognized non-profit organization?  
If yes please enter state non-profit ID# \_\_\_\_\_
3. Is this activity for the financial gain of an individual or commercial entity?
4. Is the facility being used for religious, political, or union activities?
5. Will a charge, fee, or donation be collected during this activity? (please include fees for admission or product/service sales)

If yes, please list the type (i.e. admission, food charge) and the amount of charge, fee, or donation.

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6. Amplified sound is prohibited except by special approval. Please indicate if you would like to request the use of amplified sound including, but not limited to, live, recorded, or taped music, or amplified speech. If yes, describe the type and purpose of the amplified sound.

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7. Are you using any special equipment/attractions (BBQs, booths, stages, etc.) for your activity? Special equipment/attractions such as Moon Bounces or Dunk Tanks require the supplier/operator and the customer to have additional Certificates of Insurance naming the City as additionally insured with an Endorsement.

If yes, please describe:

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8. Alcohol use is prohibited.

9. Other Comments.

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**Statement of Understanding:** In order for this application to be considered, the applicant must be present at all times while the activity is in progress. Upon signing this application, you understand that you will be held responsible for the group's actions collectively, individually, and financially.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expires \_\_\_\_\_