



City of Newport News

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Office of the City Attorney

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To Whom It May Concern:

RE: Insurance Requirements for Use of a City Pool or a City Recreational Facility

Dear Sir or Madam:

Thank you for expressing interest in the use of a City Pool or other City Recreation Facility. We require the following information to approve insurance for the use of the City Pool.

The City requires a Certificate of Insurance (Acord 25 or equivalent) indicating that your organization carries general liability coverage with a limit of at least \$1,000,000.00 per occurrence.

We also require a specific endorsement indicating that the City is named as an additional insured under the general liability policy.

Further, the City will not accept proof of insurance that fails to provide for thirty (30) days notice of policy cancellation [ten (10) days for non-payment of premium]. This assurance may be provided by one of the following three methods:

1. A note on company letterhead that the City will receive such notice. This may be on the letterhead of the agent, the broker, or the insurance company, and must not include a blanket disclaimer of liability upon failure to give such notice.
2. A separate endorsement specifying the notice as required (a sample of which is attached).
3. A copy of a policy language which clearly shows that the additional insured will receive such notice.

If you have further questions, please contact me.

Very truly yours,

/s/ Robert E. Pealo

Robert E. Pealo
Assistant City Attorney

REP:rrr
Enclosure
rr223

POLICY NUMBER: _____

IL 60 05 VA 01 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MATERIAL COVERAGE CHANGE OR CANCELLATION
NOTIFICATION – CERTIFIED MAIL**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s) and mailing address:	Location And Description Of Project
City of Newport News Parks Recreation & Tourism Brittingham-Midtown Community Ctr 570 McLawhorne Drive Newport News VA 23605	

We will not cancel or reduce coverage under this policy without providing at least 30 days notice of our intent to do so. Notice of such cancellation or reduction of coverage will be provided by certified mail, return receipt requested, to the Additional Insured in the schedule above.