



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
TENNESSEE STATE PARKS**

**COMMERCIAL USE AUTHORIZATION APPLICATION INSTRUCTIONS  
ATTACHMENT B: CUA INSURANCE REQUIREMENTS**

Commercial General Liability (CGL) Insurance

Liability insurance is required for all holders under the terms of the authorization. Such insurance must be of sufficient scope to cover all potential risks and in an amount to cover claims that can reasonably be expected in the event of serious injury or death. Holders must provide proof of general liability insurance covering the commercial park activity(ies) in the amount of \$1 million per occurrence, with the State of Tennessee named as an additional insured. The business or person that is providing the service must be the named insured (policy holder). Applicants must consult with their own insurance brokers and secure insurance policies sufficient in scope to cover the potential risks of their unique business operation.

Automobile Liability Insurance

If a holder transports passengers or uses a vehicle in the performance of its commercial park activity(ies) in the park, the holder must have commercial automobile liability insurance in addition to commercial general liability insurance. The commercial automobile liability insurance must include coverage of leased, rented, or hired vehicles if the holder rents or leases vehicles. The minimum commercial automobile liability insurance is reflected in the following table:

<b>Commercial Automobile Liability Insurance (bodily injury and property damage)</b>	<b>Minimum per Occurrence Liability Limits</b>
Up to 15 passengers	\$1,000,000.00
16 - 25 passengers	\$3,000,000.00
25+ passengers	\$5,000,000.00

**Commercial Automobile Insurance**

Required coverage:

1. Liability insurance, which includes coverage for bodily injury, property damage, uninsured motorists, and underinsured motorists

Recommended coverage:

2. Physical damage insurance, which includes collision insurance; and
3. Other coverage, which includes medical payments, towing and labor, rental reimbursement, and auto loan coverage.

Taxis that do not provide tour services are only required to have standard automobile liability insurance.

Protection & Indemnity (P&I) Vessel Insurance

Holders authorized to transport passengers aboard or use a motor vessel in the park are required to have P&I vessel insurance to cover claims for bodily injury, death, and property damage arising from the use of the vessel in the minimum amount of \$500,000 per occurrence. Holders must also purchase commercial general liability insurance as outlined above in addition to the P&I vessel insurance to cover additionally authorized services. P&I vessel insurance covers passengers only while onboard the vessel. When passengers step ashore, they are not covered by the P&I vessel policy.

Proof of Insurance Submission

Applicants must submit proof of required insurance with the application. The Acord Certificate of Liability is preferred.

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) [REDACTED]		
<p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).</p>						
PRODUCER [REDACTED] [REDACTED] [REDACTED]		CONTACT NAME: [REDACTED] PHONE (A/C, No., Ext): [REDACTED] FAX (A/C, No.): [REDACTED] E-MAIL ADDRESS: [REDACTED]		INSURER(S) AFFORDING COVERAGE INSURER A: [REDACTED] INSURER B: [REDACTED] INSURER C: [REDACTED] INSURER D: [REDACTED] INSURER E: [REDACTED] INSURER F: [REDACTED]		
INSURED		[REDACTED]		[REDACTED]		
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	CPS7392323	06/25/2021	06/25/2022	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 \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER	Y	03APM026021-01	05/25/2021	05/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 10,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Tennessee State Parks and National Park Service Are Additional insured's with regards to general liability per endorsement CPS7392323						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>			
TN Department of Environment and Conservation Tennessee State Parks 312 Rosa L Parks Ave, Nashville, TN 37243			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 [REDACTED]			

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