

# Memorandum



Community Services Department

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To: City of Tempe Facility User / Insurance Provider  
From: Pyle Adult Recreation Center  
Subject: CERTIFICATE OF INSURANCE

The City of Tempe requires from potential facility users a current Certificate of Insurance stating the following minimum liability coverage:

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|----|-----------------|-------------|
| A. | Bodily Injury   | \$1,000,000 |
| B. | Property Damage | \$100,000   |

**On the Certificate of Insurance the following must be stated:**

**“The City of Tempe is named as an additional insured. This insurance is primary to the City of Tempe’s self-insurance retention.”**

Without a current copy of the certificate on file with the Community Services Department, you organization/group will not be allowed to operate in and/or use city facilities.

Please have certificate mailed to:

City of Tempe  
Pyle Adult Recreation Center  
655 E. Southern Ave.  
Tempe, AZ 85282

Or fax to: (480) 350-5294

Please call the Pyle Adult Recreation Center with any questions – (480) 350-5211.