

Ochoco West Water and Sanitary Authority  
5488 NW Prine Rd., Prineville, OR 97754  
Phone (541) 447-1934  
[owwsa2024@gmail.com](mailto:owwsa2024@gmail.com)

## **Ochoco West Water and Sanitary Authority** **Clubhouse use Policy**

Until further notice, the following is the current policy for community member use of the clubhouse.

All members wanting to utilize the clubhouse must show proof of a one-million-dollar insurance policy, naming Ochoco West Water and Sanitary Authority as a covered entity for the time frame of use. This can usually be purchased through homeowners' insurance or from companies online. ([www.americanspecialtyexpress.com](http://www.americanspecialtyexpress.com))

A fifty-dollar (\$50.00) cleaning deposit is required. This deposit will be returned to the user upon completion of the cleaning checklist (Enclosure 1) or can be placed towards water / sewer bill if requested.

If utilizing the clubhouse during a Pandemic, all current OHA (Oregon Health Authority) and CDC (Center for Disease Control) guidelines for group gatherings must be adhered to. Current guidelines will be printed and supplied to the user at time of use.

All Activities must be completed by 10:00 pm, and the clubhouse must be vacated no later than 11:00 pm.

No BBQ's / Smokers are allowed on any portion of the porch (front or rear porch), or inside of building. Please set them up on the ground out back or to the side of the clubhouse.

An inspection of the clubhouse will be conducted prior to and after use to ensure all setup and cleaning checklist items have been completed.

Due to liability issues, if any alcoholic beverages are part of your event, it **must** be listed on the insurance policy. **NO EXCEPTIONS!**

For further information or questions regarding the clubhouse's use, please contact the OWWSA Office @ (541) 447-1934.

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## Cleaning Checklist

The following is a list of items that must be completed after use of the Ochoco West Clubhouse. User will read and sign agreeing to the following cleaning procedures. To receive your return of the cleaning deposit, the user must meet with one of the Ochoco West Water and Sanitary Staff to sign off on the checklist.

1. Clubhouse setup must be returned to original configuration after use. Please leave out 15 black chairs, 4 tables and 1 slightly shorter table.
2. Tables and chairs must be wiped down. (cleaning supplies under kitchen sink)
3. The kitchen area to include countertops, sink, microwave, stove and refrigerator, must be cleaned and wiped down. (cleaning supplies under kitchen sink)
4. The bathroom sink and toilet need to be cleaned and wiped down. (cleaning supplies under kitchen sink)
5. Floors must be swept and mopped.
6. Front and rear deck areas need to be swept if any spills occurred, or mud tracked.
7. Outside / Inside of building checked for garbage and disposed of in trash cans.

Toilet paper, paper towels, dish rags and towels must be provided by the user. Any dishes or silverware used that belong to the clubhouse must be washed and returned to their original location.

Failure to complete the above listed items will result in forfeiture of cleaning deposit.

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| User | Date | OWWSA Staff | Date |
|------|------|-------------|------|
|------|------|-------------|------|

Kathy Friese  
OWWSA Office Manager  
(541) 447-1934

## **Available Tables and Chairs:**

- 10....Full size tables
- 31....Black chairs
- 27....Cloth chairs
- 01....Smaller table

(Extra tables and chairs are stored outback in storage closet)

## **Please leave in the hall when done:**

- 04....Full size tables
- 15....Black chairs
- 01....Smaller table

**Thank you,  
OWWSA Staff**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/26/2024

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 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).

|  |                       |                |
|--|-----------------------|----------------|
| PRODUCER<br>American Specialty Insurance & Risk Services, Inc. (1) | CONTACT NAME:         |                |
|  | PHONE (A/C, No. Ext): | FAX (A/C, No): |
|  | E-MAIL ADDRESS:       |                |
| INSURER(S) AFFORDING COVERAGE                                      |                       | NAIC #         |
| INSURER A: Arch Insurance Company                                  |                       | 11150          |
| INSURED<br>Property Owners Name<br>address (2)                     | INSURER B:            |                |
|  | INSURER C:            |                |
|  | INSURER D:            |                |
|  | INSURER E:            |                |
|  | INSURER F:            |                |
|  |                       |                |

COVERAGES CERTIFICATE NUMBER: 1002264080 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 SUBR INSD WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--------------------|------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   | Y                  | SNCGL4995200 (3) | 08/11/2024              | 08/24/2024              | EACH OCCURRENCE \$ 1,000,000   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:  |                    |                  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 5,000,000<br>PRODUCTS - COMP/OP AGG \$ 5,000,000 |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY |                    | Sample           |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | UMBRELLA LIAB<br>EXCESS LIAB<br>DED RETENTION \$   |                    |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N/A         |                  |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
- Evidence of coverage  
Dates of event (4)

|  |   |
|--|---|
| CERTIFICATE HOLDER<br>Ochoa West Water and Sanitary Authority (5)<br>5488 North West Prine Road<br>Prineville OR 97754 | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br><i>[Signature]</i> |
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