



Special Event Application

7/8/2024

Standard

83-SE-2024

Event Information

Event Name OLD TOWN SCOTTSDALE FARMERS MARKET

Event Location 3806 N BROWN AV LOT 17

Event URL ARIZONACOMMUNITYFARMERSMARKETS.COM/OLD-TOWN-SCOTTSDALE

Event Description A WEEKLY FARMERS MARKET IN THE HEART OF OLD TOWN SCOTTSDALE.

Event Dates

Event Dates (39)	<u>Start Date</u>	<u>End Date</u>	<u>Participant Attendance</u>	<u>Other Attendance</u>
	SAT 10/5/2024 8:00 AM	SAT 10/5/2024 1:00 PM	3000	9
	SAT 10/12/2024 8:00 AM	SAT 10/12/2024 1:00 PM	3000	9
	SAT 10/19/2024 8:00 AM	SAT 10/19/2024 1:00 PM	4000	9
	SAT 10/26/2024 8:00 AM	SAT 10/26/2024 1:00 PM	4000	9
	SAT 11/2/2024 8:00 AM	SAT 11/2/2024 1:00 PM	4000	9
	SAT 11/9/2024 8:00 AM	SAT 11/9/2024 1:00 PM	4000	9
	SAT 11/16/2024 8:00 AM	SAT 11/16/2024 1:00 PM	4000	9
	SAT 11/23/2024 8:00 AM	SAT 11/23/2024 1:00 PM	4000	9
	SAT 11/30/2024 8:00 AM	SAT 11/30/2024 1:00 PM	4000	9
	SAT 12/7/2024 8:00 AM	SAT 12/7/2024 1:00 PM	4000	9
	SAT 12/14/2024 8:00 AM	SAT 12/14/2024 1:00 PM	4000	9
	SAT 12/21/2024 8:00 AM	SAT 12/21/2024 1:00 PM	4000	9
	SAT 12/28/2024 8:00 AM	SAT 12/28/2024 1:00 PM	4000	9
	SAT 1/4/2025 8:00 AM	SAT 1/4/2025 1:00 PM	4000	9
	SAT 1/11/2025 8:00 AM	SAT 1/11/2025 1:00 PM	4000	9
	SAT 1/18/2025 8:00 AM	SAT 1/18/2025 1:00 PM	5000	9
	SAT 1/25/2025 8:00 AM	SAT 1/25/2025 1:00 PM	5000	9
	SAT 2/1/2025 8:00 AM	SAT 2/1/2025 1:00 PM	5000	9
	SAT 2/8/2025 8:00 AM	SAT 2/8/2025 1:00 PM	5000	9
	SAT 2/15/2025 8:00 AM	SAT 2/15/2025 1:00 PM	5000	9
	SAT 2/22/2025 8:00 AM	SAT 2/22/2025 1:00 PM	5000	9
	SAT 3/1/2025 8:00 AM	SAT 3/1/2025 1:00 PM	5000	9
	SAT 3/8/2025 8:00 AM	SAT 3/8/2025 1:00 PM	5000	9
	SAT 3/15/2025 8:00 AM	SAT 3/15/2025 1:00 PM	5000	9
	SAT 3/22/2025 8:00 AM	SAT 3/22/2025 1:00 PM	5000	9



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SAT 3/29/2025 8:00 AM	SAT 3/29/2025 1:00 PM	5000	9
SAT 4/5/2025 8:00 AM	SAT 4/5/2025 1:00 PM	5000	9
SAT 4/12/2025 8:00 AM	SAT 4/12/2025 1:00 PM	5000	9
SAT 4/19/2025 8:00 AM	SAT 4/19/2025 1:00 PM	5000	9
SAT 4/26/2025 8:00 AM	SAT 4/26/2025 1:00 PM	5000	9
SAT 5/3/2025 8:00 AM	SAT 5/3/2025 12:00 PM	4000	9
SAT 5/10/2025 8:00 AM	SAT 5/10/2025 12:00 PM	4000	9
SAT 5/17/2025 8:00 AM	SAT 5/17/2025 12:00 PM	4000	9
SAT 5/24/2025 8:00 AM	SAT 5/24/2025 12:00 PM	4000	9
SAT 5/31/2025 8:00 AM	SAT 5/31/2025 12:00 PM	4000	9
SAT 6/7/2025 7:00 AM	SAT 6/7/2025 10:00 AM	3000	8
SAT 6/14/2025 7:00 AM	SAT 6/14/2025 10:00 AM	3000	8
SAT 6/21/2025 7:00 AM	SAT 6/21/2025 10:00 AM	3000	8
SAT 6/28/2025 7:00 AM	SAT 6/28/2025 10:00 AM	2500	8

Setup Date SAT 10/5/2024 6:00 AM - 07:30 AM

Teardown Date SAT 10/5/2024 1:00 PM - 03:00 PM

Applicant Information

Applicant ARIZONA COMMUNITY FARMERS MARKET GROUP, LLC
Applicant Address PO BOX 14188
Applicant City PHOENIX, AZ 85063
Applicant Name DEE LOGAN
Title SENIOR COORDINATOR
Phone (623) 848-1234 Email DENISELOGAN@YAHOO.COM
On-Site Contact MICHAEL REID
Title SITE MANAGER
Phone (480) 330-4421 Email MICHAELATTHEMARKET@GMAIL.COM
Applicant Experience 30 PLUS YEARS ORGANIZING AND COORDINATING FARMERS MARKETS IN ARIZONA

Prior Events

Has this event been produced before? YES

Is this an annual event? YES Previous Years : 16

Are there any changes from previous years? NO

Event Elements

Elements CIVIC, CULTURAL, EDUCATIONAL, ENTERTAINMENT



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Description THE MARKET ENCOURAGES COMMUNITY ENGAGEMENT WITH FELLOW CITIZENS. VENDORS WHO PRODUCE OR GROW FOR THE MARKET COME FROM SEVERAL DIFFERENT ETHNIC BACKGROUNDS. THEIR BACKGROUND IS REFLECTED IN THE FOOD THEY PRESENT AT THE FARMERS MARKET. MUSIC AND THE LOCAL MUSICIANS ARE PART OF THE MARKET EXPERIENCE.

Public Property Criteria

Are there any cross promotions or collaborations with local businesses to encourage sales or visibility? YES

THE MARKET MANAGER, CHRISTINA SIERRA, MAINTAINS AN INSTAGRAM ACCOUNT THAT SHE MANAGES ON A WEEKLY BASIS. SEVERAL LOCAL BUSINESSES IN SCOTTSDALE ARE TAGGED. MICHAEL REID MANAGES THE FACEBOOK ACCOUNT FOR THE MARKET.

Explain any anticipated regional, national, or international attendance.

PLEASE REVIEW DOCUMENT SENT BY EMAIL REGARDING THE SCOPE AND SCALE OF VISITORS FROM VARIOUS REGIONS, STATES AND COUNTRIES THIS LAT SEASON.

Is Scottsdale promoted in the special event marketing? YES

ADVERTISING IN EDIBLE PHOENIX, POSTCARDS SPECIFIC TO THE OLD TOWN MARKET, FACE BOOK AND INSTAGRAM ACCOUNTS

Explain how the community benefits from the event from a civic or cultural perspective.

THE MARKET HAS SEVERAL DIVERSE PARTICIPANTS FROM DIFFERENT COUNTRIES. THESE OFFER THE CUSTOMERS OPPORTUNITIES TO ENGAGE IN ONE TO ONE IN A MEANINGFUL WAY.

Does your event require a paid fee for participants and/or spectators? NO

Event Equipment

Stages	NO	Tables, Chairs, Furniture	YES
Generators	NO	Inflatables	NO
Portable Bars	NO	Amplified Sound	YES
Speakers	YES	Temporary Restrooms	NO
Fencing	NO	BBQ Grills or Propane Use	NO
Lighting	NO	Tents/Canopies	YES
		10' x 10' QTY: 100	

Vendor Sales

Retail Merchandise	YES	Food And Non-Alcoholic Beverages	YES	QTY: 90
Food Trucks	NO	Alcohol	NO	
Services	YES			

Signage Plan

On-Site Signs?	YES	QTY: 7 TYPE: BANNER
Off-Premise Signs?	YES	QTY: 4 TYPE: PORTABLE (A-FRAME- SITS ON TOP OF GROUND)



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Signage Plan Description:

BANNERS "OLD TOWN SCOTTSDALE FARMERS MARKET - SATURDAY MORNINGS - OCTOBER - JUNE" "SINCE 2008"
A FRAMES ON SITE: "OLD TOWN SCOTTSDALE FARMERS MARKET- SATURDAYS: OCT - APRIL HOURS 8 AM. - 1 PM; ETC

Parking Plan

City parking lot	YES	City parking garage	YES
On-street parking	YES	On-site parking	NO
Off-site parking	NO	Shuttle service from off-site parking areas	NO
Valet service	YES	Rider Provider	NO

Valet Company : EPIC VALET
Contact Name : QUEST WOLFE

Parking Plan Description

VENDORS AND CUSTOMERS TO USE UNDERGROUND PARKING; CUSTOMERS TO USE STREET PARKING AND PARKING STRUCTURE OFF OF 1ST STREET

Street Use

Street or Alley Use

Street Closure : NO

Public Parking Use

Parking Closure : YES
Parking Name : 3806 N. BROWN AVE, SCOTTSDALE AZ
Closure Dates : 10/5/2024 8:00:00 AM - 6/28/2025 10:00:00 AM

Sidewalk Use

Sidewalk Closure : NO

Barricade Company

Entertainment - Amplification/Sound Plan

Entertainment

OTHER PERFORMER

Sound Monitoring

Name : MICHAEL REID
Company : ARIZONA COMMUNITY FARMERS MARKET
Phone Number : (480) 330-4421

Time and type of outside sound and sound check times

SOUND CHECKS AT THE BEGINNING AND DURING THE MARKET .. MUSIC IS TO PROVIDE AN AMBIENT SOUND

Plan for sound monitoring, containment, and mitigation

WALK AROUND DURING THE MARKET BY MICHAEL OR DESIGNATED HELPER TO MONITOR THE VOLUME. SHOULD NOT INTERFERE WITH CONVERSATIONS. BETWEEN CUSTOMERS AND VENDORS.

Police/Security



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Security Personnel

Inhouse Security YES Estimated Number : 9

Hired Security NO

Off Duty Police NO

Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO

Medical Standby NO

Fire Apparatus/Personnel Standby Required NO

Insurance

Insurance: Event activities on City/public property must be covered by insurance that protects the event sponsor/applicant and the City of Scottsdale. Various types and levels of liability insurance are required depending on the event. The required coverage and limits will be at the discretion of the Risk Management Division depending on the size and scope of the event. It is recommended that you submit your application and receive a determination on coverage and amounts before purchasing insurance coverage. Please refer to the Special Events Users Guide for more detailed information.

The following is a general guideline of the minimum limits that will be required:

Commercial General Liability Insurance coverage is required for all events with minimum limits of \$1,000,000 Each Occurrence, \$2,000,000 Products & Completed Operations Aggregates, \$2,000,000 General Aggregate. Liquor Liability Insurance of \$1,000,000 to \$5,000,000 Per Occurrence is required for any event where liquor is being served.

All Insurance must endorse the City of Scottsdale as an Additional Insured. A separate insurance addendum with additional insurance requirements may be added to this application and become part of this contract.

I have a race event and have submitted a copy of the participant waiver that includes waiving liability against the city of Scottsdale and holding the city of Scottsdale harmless? NO

I have included a copy of the insurance certificate showing appropriate limits and coverages as required and naming City of Scottsdale as additional insured? YES

Application Authorization

WARRANTY: Applicant warrants that the information provided in this application is true and accurate to the best of Applicant's knowledge and belief.

INDEMNIFICATION: To the fullest extent allowed by law, the Applicant agrees to defend, indemnify and hold harmless the City, its officers, officials, representatives, agents, employees and volunteers from and against all allegations, demands, proceedings, suits, actions, claims, damages, losses, expenses, including but not limited to, attorney fees, court costs, the cost of appellate proceedings, and all claim adjusting and handling expenses, arising from or related to any acts or omissions of the permit holder or its agents, contractors and subcontractors related to the Special Event including any claims, damages, or losses resulting from the City's or its employees' or agents' negligence.

The Applicant's signature below authorizes a City representative to inspect a special event on City or private property at any time, including setup.

AUTHORITY: For special events on public property, the Applicant warrants:



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I am the permittee or an authorized agent of the permittee with authority to legally bind the permittee (an agent may sign only if the event is on private property) and agree to the conditions of this permit.

☒ Signature of Applicant - must be the same person listed on application.

Printed Name DEE LOGAN

Date 7/8/2024

Title of Applicant SENIOR COORDINATOR / MARKET PRODUCER




Sumners, Cheryl

From: csumners@scottsdaleaz.gov
Subject: FW: Scottsdale Farmers Market has ended for the season

-----Original Message-----

From: Dee Logan <deniselogan@yahoo.com>
Sent: Tuesday, July 2, 2024 1:07 PM
To: Quest Wolfe <quest.wolfe@epicvalet.com>
Cc: Michael Reid <michaelatthemarket@gmail.com>; Sumners, Cheryl <csumners@scottsdaleaz.gov>
Subject: Scottsdale Farmers Market has ended for the season

 External Email: Please use caution if opening links or attachments!

Hi Quest,
thank you for the great service from Epic valet.
We're done for the season and hope to use epic again for the next season which begins in October.
Meantime have a safe and productive summer, Dee

Dee Logan
Arizona Community Farmers' Markets
623-848-1234 office
602-290-5093 cellular
www.arizonafarmersmarkets.com



AZCOM-3

OP ID: TG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/24/2024

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 CDS Insurance Agency LLC 42104 N Venture Dr. Ste C126 Anthem, AZ 85086 Alpha Ins Svc Primary Book	602-996-5000	CONTACT NAME: Alpha Ins Svc Primary Book PHONE (A/C, No, Ext): 602-996-5000 FAX (A/C, No): 602-996-3756 E-MAIL ADDRESS:
INSURED Arizona Community Farmers Market LLC Po Box 14188 Phoenix, AZ 85063-4188		INSURER(S) AFFORDING COVERAGE INSURER A : *Auto-Owners Insurance INSURER B : *FirstCom\Markel Commercial INSURER C : INSURER D : INSURER E : INSURER F :
		NAIC # 32700

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		45947508	11/06/2023	11/06/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC0225033-02	09/25/2023	09/25/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Scottsdale Tourism & Events Department are included as additional insured per policy contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

City of Scottsdale - Tourism & Events Department 7447 E Indian School Road Suite 301 Scottsdale, AZ 85251	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 
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DATE (MM/DD/YYYY)

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PRODUCER CDS Insurance Agency LLC 42104 N Venture Dr. Ste C126 Anthem, AZ 85086 Alpha Ins Svc Primary Book		602-996-5000		CONTACT NAME: Alpha Ins Svc Primary Book		PHONE (A/C, No, Ext): 602-996-5000		FAX (A/C, No): 602-996-3756	
INSURED Arizona Community Farmers Market LLC Po Box 14188 Phoenix, AZ 85063-4188				E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE		NAIC #	
						INSURER A : *Auto-Owners Insurance		32700	
						INSURER B : *FirstCom\Markel Commercial			
						INSURER C :			
						INSURER D :			
						INSURER E :			
						INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		45947508	11/06/2024	11/06/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	MWC0230826-01	09/25/2024	09/25/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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	AUTHORIZED REPRESENTATIVE

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

OLD TOWN FARMERS MARKET // CITY OF SCOTTSDALE
TOWN OF CAREFREE SUNDIAL GARDENS
PENDERGAST FARMERS MARKET
VERRADO FARMERS MARKET, VERRADO ASSEMBLY, VERRADO COMMUNITY ASSOC.INC
CGPM MANAGER LLC DBA VERRADO GOLF CLUB
SUN CITYS FARMERS MARKET / CITY OF ANTHEM
AHWATUKEE COMMUNITY FARMERS MARKET / CITY OF BUCKEYE
FIDELITY NATIONAL TITLE INSURANCE CO AS TRUSTEE UNDER IT'S TRUST #D176
ROADRUNNER PARK FARMERS MARKET /CATERPILLER FOUNDATION / SEE SUP DEC

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations;
or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not

be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to

Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.