

PALMDALE PARKS & RECREATION

Please submit your Certificate of Liability Insurance with the following requirements:

- 1. Issue date is required.
- Insured name must be identical to the Legal Entity Name listed on the contract
- Insurance company(ies) must be authorized to do business in the State of California.
- 4. REQUIRED GENERAL LIABILITY: \$1,000,000 Per Occurence limit \$2,000,000 General Aggregate limit If food, drink or any kind of product is sold or given away at the event: \$2,000,000 Products & Completed Operations Aggregate limit Additional Insured Endorsement required.
- 5. Policy number.
- Policy term must cover date(s) of event(s), including set-up and teardown.
- 7. REQUIRED MEDICAL EXPENSES AND PERSONAL & ADVERTISING INJURY: \$5,000 Med Exp (Any One Person) \$1,000,000 Personal & Adv Injury
- REQUIRED AUTOMOBILE LIABILITY: \$1,000,000 Combined Single Limit including owned, non-owned and hired automobile coverage. Additional Insured Endorsement required.
- 9. REQUIRED WORKER'S COMP:
 California Statutory Requirements.
 EMPLOYER'S LIABILITY:
 \$1,000,000 Each Accident
 \$1,000,000 Disease Each Employee
 \$1,000,000 Disease Policy Limit
- 10. If alcohol is served or sold,
 REQUIRED LIQUOR LIABILITY:
 \$2,000,000 Per Occurrence
 \$5,000,000 General Aggregate
 If event holder's primary membership
 consists of children, REQUIRED SEXUAL
 ABUSE & MOLESTATION LIABILITY:
 \$1,000,000 on a claims-made basis

11. REQUIRED WORDING:

The City of Palmdale, Housing Authority, Palmdale Finance Authority, and their officers, agents, employees and volunteers are named as additional insureds. Include name(s) and date(s) of event(s).

ACORD 25 (2010/05)

- 12. City of Palmdale Dept. of Parks & Recreation 827 East Avenue Q-9 Palmdale, CA 93550
- 13. Authorized representative's signature required.

See next page for required Additional Insured Endorsement sample.

Certificate of Liability Insurance Requirements LOW HAZARD USE

As required by your contract terms, a Certificate of Liability Insurance with Additional Insured Endorsement must be provided to us directly by your insurance agent. All sections must be completed as shown in the example below.

DISCLAIMER: PLEASE REFER TO THE AGREEMENT BETWEEN THE CITY OF PALMDALE AND THE CONTRACT HOLDER FOR SPECIFIC INSURANCE REQUIREMENTS. IT IS RECOMMENDED THAT THE CONTRACT HOLDER PROVIDE A COPY OF THE INSURANCE REQUIREMENTS IN THE CONTRACT TO THE INSURANCE COMPANY FOR REVIEW AND COMPLIANCE.

1	CER'	TIF	IC	ATE OF LIA	BIL	ITY IN	SURA	NCE	1 ATE (MM/DD/YYYY)	
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 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 CONTACT CON											
Insurance Agent Name/Address						PHONE (A/C, No, Ext): (A/C, No, Ext):					
Insurance Agent Name/Address					E-MAIL ADDRESS:						
ı						INS	SURER(S) AFFO	RDING COVERAGE		NAIC#	
						INSURER A: Insurance Company Name					
INSURED						INSURER B:					
Insured's Name/Address						INSURER C:					
						INSURER D:					
INSURER E: INSURER F:											
COVERAGES CERTIFICATE NUMBER: XXXXXXX REVISION #:											
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.											
INSF LTR	TYPE OF INSURANCE	OF INSURANCE ADDL SUBR WVD POLICY NUMBE		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
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Α	X COMMERCIAL GENERAL LIABILITY			_		Policy (must event	cover	PREMISES (Ea occurrence)	\$		
4	CLAIMS-MADE OCCUR					0,0110	a acco,	MED EXP (Any one person)	\$5,0		
_						6		PERSONAL & ADV INJURY		00,000	
								GENERAL AGGREGATE		00,000	
ı	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ Z , 0	00,000	
Н	POLICY JECT LOC AUTOMOBILE LIABILITY	7.7	77					COMBINED SINGLE LIMIT	ە 1 0	00,000	
Α	X ANY AUTO	Y	Y	5		6		(Ea accident) BODILY INJURY (Per person)	\$ 1,0	00,000	
	X ALL OWNED SCHEDULED AUTOS				_			BODILY INJURY (Per accident)	\$		
8	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	-	
	70100							<u>,, </u>	\$		
	UMBRELLA LIAB OCCUR				1			EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MAD			- OV	יטכ	YIAn		AGGREGATE	\$		
	DED RETENTION \$			SEND TO YOU	Mc	ANY			\$		
IA	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A	Y	URANCEC	J1			X WC STATU- TORY LIMITS OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		NS	UKAI				E.L. EACH ACCIDENT		00,000	
9	If yes, describe under DESCRIPTION OF OPERATIONS below	1	14-	5		6		E.L. DISEASE - EA EMPLOYEE		00,000	
Ε.	OTHER	7.7	77					PER OCCURRENCE		00,000	
Α	Liquor Liability	Y	Y					GENERAL AGGREGATE	•	•	
В	Sexual Abuse & Molesta	tio	ф	•		6		ON A CLAIMS-MADE BASI			
DES	CRIPTION OF OPERATIONS / LOCATIONS / V	EHICLE	S/(A	ttach ACORD 101, Additional Re	emarks S	chedule, if mor	e space is requ	ired)			
	CERTIFICATE SUPERCEDES ALL PREVIOUS							* * *		JED. 🕕	
The City of Palmdale, Housing Authority, Palmdale Finance Authority, and their officers,											
agents, employees and volunteers are named as additional insured. Include name and date(s) of event(s).											
or evene(s).											
CERTIFICATE HOLDER CANCELLATION											
LCE	RTIFICATE HOLDER				CANC	ELLATION					
City of Palmdale Department of Parks & Recreation						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH POLICY PROVISIONS.					
827 East Avenue Q-9 Palmdale CA 93550											
Palmdale, CA 93550											
Authorized Representative's S									ıgna	ture	

Submit Certificate of Liability Insurance & Additional Insured Endorsement to:

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City of Palmdale Department of Parks & Recreation 827 East Avenue Q-9, Palmdale, CA 93550 661/267-5611 • Fax 661/267-5636



Additional Insured Endorsement Requirements

You must submit your Additional Insured Endorsement with your Certificate of Liability Insurance. All sections must be completed as shown in the example below.

POLICY NUMBER:



COMMERCIAL GENERAL LIABILITY

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
COMMERCIAL AUTO LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
SEXUAL ABUSE & MOLESTATION PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):

The City of Palmdale, Housing Authority, Palmdale Finance Authority, and their officers, agents, employees and volunteers are named as additional insured.

Please submit your Additional Insured Endorsement with the following requirements:

- 1. Policy Number(s) for Commercial Liability and Commercial Automobile Liability (mandatory). If serving or selling alcohol, include policy number for Liquor Liability (mandatory). If event holder's primary membership consists of children, include policy number for Sexual Abuse & Molestation (mandatory).
- 2. Commercial Liability and Commercial Automobile Liability. If serving or selling alcohol, Liquor Liability. If primary membership consists of children, Sexual Abuse & Molestation Liability.
- 3. The City of Palmdale, Housing Authority, Palmdale Finance Authority, their officers, agents, employees and volunteers are named as additional insureds.

NOTE: Your insurance carrier must be located in and licensed to business in the State of California.