



PALMDALE
PARKS & RECREATION

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.

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

- 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.
- REQUIRED GENERAL LIABILITY:**
\$1,000,000 Per Occurrence 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.
- Policy number.
- Policy term must cover date(s) of event(s), including set-up and teardown.
- 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.
- 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
- 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
- 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).
- City of Palmdale
Dept. of Parks & Recreation
827 East Avenue Q-9
Palmdale, CA 93550
- Authorized representative's signature required.

See next page for required Additional Insured Endorsement sample.

ACORD										DATE (MM/DD/YYYY)	
CERTIFICATE OF LIABILITY INSURANCE										1	
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 NAME:					
Insurance Agent Name/Address						PHONE (A/C, No, Ext):			FAX (A/C, No, Ext):		
						E-MAIL ADDRESS:					
INSURED						INSURER(S) AFFORDING COVERAGE			NAIC #		
						Insured's Name/Address					
INSURER B:						INSURER C:					
INSURER D:						INSURER E:					
INSURER F:											
COVERAGES CERTIFICATE NUMBER: XXXXXXXX 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.											
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	Y	Policy Number	Policy Term (must cover event dates)		EACH OCCURRENCE	\$ 1,000,000			
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
							MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 1,000,000			
							GENERAL AGGREGATE	\$ 2,000,000			
							PRODUCTS - COM/OP AGG	\$ 2,000,000			
								\$			
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	5	6		COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
							BODILY INJURY (Per person)	\$			
							BODILY INJURY (Per accident)	\$			
							PROPERTY DAMAGE (Per accident)	\$			
								\$			
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$			
							AGGREGATE	\$			
								\$			
A	<input checked="" type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	5	6	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER			
							E.L. EACH ACCIDENT	\$ 1,000,000			
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
A	<input type="checkbox"/> OTHER Liquor Liability	Y	Y	5	6		PER OCCURRENCE	\$ 1,000,000			
B	Sexual Abuse & Molestation	Y	Y	5	6		GENERAL AGGREGATE	\$ 2,000,000			
							ON A CLAIMS-MADE BASIS	1,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / (Attach ACORD 101, Additional Remarks Schedule, if more space is required) THIS CERTIFICATE SUPERCEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.											
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).											
CERTIFICATE HOLDER						CANCELLATION					
City of Palmdale Department of Parks & Recreation 827 East Avenue Q-9 Palmdale, CA 93550						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH POLICY PROVISIONS.					
						AUTHORIZED REPRESENTATIVE					
ACORD 25 (2010/05)						©1998-2010 ACORD CORPORATION. All rights reserved.					

Submit Certificate of Liability Insurance & Additional Insured Endorsement to:

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.

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.

POLICY NUMBER: **1**

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:

- 2**
- COMMERCIAL GENERAL LIABILITY COVERAGE PART
 - COMMERCIAL AUTO LIABILITY COVERAGE PART
 - LIQUOR LIABILITY COVERAGE PART
 - SEXUAL ABUSE & MOLESTATION PART

SCHEDULE

3

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.

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