



Liability Insurance Certificate & Additional Insured

Please submit your certificate of liability insurance with the following requirements:

- 1 Please ensure all indicated coverage meets or exceeds minimum listed.
- 2 Insurance Company must be admitted/ licensed to issue insurance in California with a Best rating of no less than A- and Financial Size Category of at least VII.
- 3 The Named Insured on the certificate must be identical to the legal name listed on the Exclusive Use/Event Request Form.
- 4 The 'Occur' box must be selected to cover on a per occurrence basis.
- 5 Policy number.
- 6 Policy period must cover the dates of the event and be a minimum of 6 months out.
- 7 Describe event operations/locations/ vehicles/exclusions and/or special provisions.

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) MONTH/DA/Y/EAR	
PRODUCER INSURANCE AGENT/BROKER NAME, ADDRESS, AND CONTACT INFORMATION		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
INSURED NAMED INSURED AND ADDRESS INFORMATION		INSURERS AFFORDING COVERAGE				NAIC #	
		INSURER A: NAME OF INSURANCE COMPANY				ENTER NAIC #	
		INSURER B:					
		INSURER C:					
		INSURER D:					
		INSURER E:					
<b>COVERAGES</b>							
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/PROP AGG	\$ 2,000,000
							\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$Enter Limit
						AGGREGATE	\$Enter Limit
							\$
							\$
							\$
A	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<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
	<input type="checkbox"/>	OTHER	Other coverages may also be included if applicable				
DESCRIPTION OF OPERATIONS / LOCATION S / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
County of Stanislaus Department of Parks and Recreation 3800 Cornucopia Way, Suite C Modesto, CA 95358				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
				AUTHORIZED REPRESENTATIVE <b>Must be signed</b>			
ACORD 25 (2001/08)				© ACORD CORPORATION 1988			

Submit Certificate with Endorsement to:  
Stanislaus County Parks and Recreation  
3800 Cornucopia Way, Suite C  
Modesto, CA 95358  
Phone: (209) 525-6750 • Fax: (209) 525-6774



Additional Insured Endorsement

Please submit your certificate of liability insurance with the following requirements:

8 This Endorsement must be attached to the certificate and must indicate the policy number, carrier name, and form number.

9 This section must list the Additional Insured specifically as indicated in this box.

10 The verbiage in this section shall be included in the endorsement.

NOTE: There must be endorsements for each policy on which the Additional Insured is covered under.

8 POLICY NUMBER: XXXXXXXX

COMMERCIAL GENERAL LIABILITY POLICY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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

9 County of Stanislaus, its Officers, Directors, Officials, Employees, Agents, Volunteers, and Representatives, which includes:

Department of Parks and Recreation  
3800 Cornucopia Way, Suite C  
Modesto, CA 95358

10 SECTION II—WHO IS INSURED is amended to include as an insured person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the Named Insured's completed and ongoing operations; insurance maintained by the Named Insured shall be primary, and the Additional Insured Entities shall be non-contributing, or a copy of the policy which state the equivalent shall be submitted in its entirety.

- A. The County of Stanislaus, Department of Parks and Recreation, its officers, directors, officials, employees, agents, volunteers, and representatives are to be covered as Additional Insured.
- B. For any claims related to the pertaining event(s) by the Named Insured, the insurance of the Named Insured shall be primary.
- C. Should any of the above described insurance and certificate of liability be modified or cancelled before the expiration date, the Named Insured will give a thirty (30) day written notice to the Additional Insured—County of Stanislaus.
- D. Additional Insured terms shall include completed and ongoing operations.
- E. Rights of subrogation and recovery against the Additional Insured Entities have been waived under all insurance policies listed herein.

Documentation of adequate funding to cover any indicated Self-Insured Retention must be provided i.e. financial statements, guarantor letter on organization letterhead, etc.

Special Event Liability Insurance is also available through Evanston Insurance Company, c/o Alliant Insurance Services, Inc., Special Event, PO BOX 6450, Newport Beach, CA 92658, (949) 756-0271, www.alliantinsurance.com

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