



TO: All Concession Vendors

Concession License Applications will be accepted for the operation of Concessions at Stanislaus County Regional Facilities. The facilities include Woodward and Modesto Reservoirs and the Frank Raines and La Grange Regional OHV Parks. Interested vendors must submit a fully completed, Concession License Application, for the dates the vendor is requesting. There is a one-time, \$100 annual application fee, which is due at the time the application is submitted. There is a license fee of \$35.00 per day, per vehicle and per facility, which is due once the application has been approved. All fees are due prior to concession activities, as payment of the concession fees will not be accepted at the park Entrance Station. There will be a \$15.00 Change/Cancellation fee assessed for reservation changes or cancellations. Additional day use fees will apply.

Concession Licenses will be granted on a first come, first serve basis and will be good for Concession sales between May – September. To request a Concession License Application packet, please call our Parks and Recreation Department at 209-525-6750. Packets may also be picked up in person by visiting the Stanislaus County Department of Parks and Recreation at 3800 Cornucopia Way, Ste. D, Modesto, CA, or downloaded from our Parks and Recreation website at <http://www.stancounty.com/parks/>

Examples of Concession Vendors

- Mobile Food Vehicles
- Ice Cream / Snow Cone Vendors
- Outdoor / Camping Supply Vendors
- Firewood Vendors
- Jet Ski Vendors
- And More!

Stanislaus County's goal is to provide the public with the best possible service at our Regional facilities. The Concession License, will be issued only after full compliance has been determined as set forth in the program requirements.

Please ensure that you have read and understand the program requirements prior to submitting your application and \$100 application fee. The application fee is non-refundable unless the Department of Parks and Recreation cannot accommodate your request. The Department of Parks and Recreation management, reserves the right to cancel a concession license and evict a vendor if the rules outlined in the requirements and conditions are not followed.

Thank you for your interest, in the Stanislaus County Parks & Recreation Concession Vendor Program!



Concession Vendor Checklist

Please ensure that you have read and understand the provided requirements and conditions prior to submitting your application and \$100 application fee. The application fee is non-refundable unless the Department of Parks and Recreation cannot accommodate your request. Please note that, for safety reasons, no one will be allowed to drive a route. The Department of Parks and Recreation reserves the right to cancel a concession license and evict a vendor if the rules outlined in the provided requirements and conditions are not followed.

Only fully complete applications will be considered. Please ensure that your Concession License Application includes the following documents when applicable. For more information on the below requirements, please refer to the program requirements outlined on the Concession License Application.

- Concession License Application
- Organizational Hold Harmless Agreement
- \$100 Application Fee
- Picture of unit (vehicle, trailer, etc.)
- Copy Business License / Peddler's Permit
- Current copy of Environmental Health Permit / Official Notice (if applicable)
- Copy of Certificate of Liability Insurance which includes Automobile Insurance and Workers Compensation (if employees will be present)
- Alcohol License (if selling alcoholic beverages)
- Propane Permit from Fire Department (for Trailers using Propane tanks)

Submission Instructions

All completed requests may be submitted to the following:

Email: parks-admin@parksrec.org

In person at the address below OR by mailing completed documents to:

Stanislaus County
Department of Parks and Recreation
Attn: CONCESSION LICENSE
3800 Cornucopia Way, Ste. D
Modesto, CA 95358



STANISLAUS COUNTY
PARKS & RECREATION

Date Received:	Time Received:
MFF Permit Decal #:	Expiration Date:
Application Fee Paid: \$100.00	Clerical Initials:
Receipt #:	

Stanislaus County Parks and Recreation Concession License Application

Thank you for your interest in the Stanislaus County Parks and Recreation Concession Vendor Program. Please complete the below information and refer to the Program Requirements for complete details and the required documents that must accompany this application. Applications will be processed in the order of completeness and date received on a first come first serve basis. Please note that failure to complete any portion of the application, including failure to provide required documents, may cause delay or rejection of the application. If you need more space for any question, please attach an additional sheet of paper to your application. **Please submit (1) one application per park / facility and attach a picture of unit (vehicles, trailers, etc.)**

Please print legibly

CONCESSION INFORMATION
Today's Date:
How did you hear about the Concession Program (Letter, Flyer, Friend, Other):
Name of Concession (Business/Truck Name):
Type of Concession (Food, Firewood, Watercraft, General Marina items, etc.):
Vehicle(s) Make, Model and License Number(s):
Trailer License Number(s):
Requester's Name:
Address:
Phone:
Email:
Expected # of Employees: (For Workers Compensation Purposes)
Dates you are Requesting List ALL dates: Total Number of Days: _____ Times: _____ a.m./p.m. to _____ a.m./p.m.

Locations Available for Vendors (Select a Primary and Secondary location):

Woodward Reservoir

_____ Mountain View Point

_____ Main Boat Ramp

Modesto Reservoir

_____ Marina Area

La Grange OHV Park _____

Area: _____

Frank Raines OHV Park _____

Area: _____

Details of Concession - Please list the items that you are requesting to rent or sell. This information assists the Department in field verification.

Rental Items (A general description of the items you are renting):

Non-food Items (A general description of the non-food items you are selling):

Food Items (A general description of the food items you are selling):

Note: Food items must match your current Health Permit.

Will a Propane Tank be used on a Trailer? Yes No

Note: The Fire Department requires a Propane Permit for trailers with propane tanks. Please contact their office to obtain a Permit.

Please review the attached Program Requirements

General Requirements

- **Please ensure that you have read and understand the below requirements and conditions prior to submitting your application and fee. The application fee is non-refundable unless the Department of Parks and Recreation cannot accommodate your request.**
- The Department will make every effort to accommodate the location being requested by the vendor, and if the requested location is not available, a refund will be issued. Please note that, for safety reasons, vendors will not be allowed to drive a route. All vending must be conducted while stationary and in an area designated for vendors.
- Once a vendor has been approved to operate in an approved location, they may relocate to another approved location (applies to Woodward Reservoir only), with the advance approval of the Park Manager/Supervisor on duty, on a space-available basis. Please contact staff if you are requesting to relocate to an alternate approved location.
- Submit a fully complete Concession License Application for the dates the vendor is requesting.
- The Concession Vendor License must be displayed on the vehicle at all times to aid in field identification.
- The Concession Vendor License gives the applicant a license at the facility, to sell on the days requested and approved on the application between the hours of 7:00 a.m. through 10:00 p.m. (Quiet Time begins at 10:00 p.m.).
- For safety reasons, no glass containers are allowed.
- No construction or improvements of any area are allowed without prior written permission of Stanislaus County Parks and Recreation.
- No electrical or water service will be provided.
- License holder must have appropriately rated fire extinguishers in vehicles.
- Identifying advertising logo(s) are permitted on vehicles. Vendors are permitted to place a sandwich board advertisement within the park to advertise service. The sandwich board should not exceed the 36" x 24" standard sandwich board size and cannot be placed in an area that obstructs other signage or pedestrian/vehicle traffic.
- Music will be allowed. Please note that park rules state that, unreasonable use of audio equipment or loud music causing disturbances to other park patrons PC 415(2), are prohibited at the facility. Complaints are handled by the Sheriff's Department.
- Vendor agrees to provide own trash receptacles, and to keep areas litter free. Park grounds shall be left in a clean condition at the end of each day. Vendor agrees to remove trash from Park grounds at the end of each workday. If additional cleanup is required, the applicant will pay County the costs of necessary clean up, including staff time. Wastewater from vehicle holding tanks may be discharged in the RV dump station on County Park property.

Special Requirements for Modesto Reservoir:

- No fuel containers are allowed at Modesto Reservoir.
- No animals are allowed at Modesto Reservoir.
- The establishment, maintenance, or operation of the use applied for under this license shall not be detrimental to the health, safety, peace, morals, comfort, and general welfare of the persons utilizing the park premises under which this license is granted, or to the general welfare of the county.
- Maintain and post current County of Stanislaus Environmental Health Mobile Food Facility Permit (MFFP) on the vehicle and adhere to all regulations for food service (if applicable). If MFFP permit expires during the period that the Concession License is in effect, permit holder must immediately cease to operate until the permit is renewed and a copy of the renewed permit is provided to the Stanislaus County Parks Event Coordinator.

- License will be revoked if Business License/Peddler's Permit, Environmental Health Permit, and/or required insurance policies expire, are cancelled, or are deemed invalid. Cancellation of license by either party does not cancel or revoke payments owed.
- All Parks' rules and regulations will be enforced by the Sheriff's Department.

Fees

- Effective May 8, 2014, there is a one-time, \$100 annual application fee, which is due at the time the application is submitted. There is a license fee of \$35.00 per day, per vendor/concession, which is due once the application has been approved. All fees are due prior to concession activities, as payment of the concession fees will not be accepted at the park Entrance station. There will be a \$15.00 Change/Cancellation fee assessed for reservation changes or cancellations.
- Entrance fees are required for all vehicles. Annual passes may be purchased for each vehicle.
- Additional Concession License fees may be required if more than one (1) type of concession OR location is requested.
- If any fees are delinquent at the time the permit is cancelled by either party, licensee hereby agrees to pay all delinquent fees and costs, and all County collection costs and fees.

Insurance Requirements/Hold Harmless Agreement

- **Non-Watercraft Concessionaire Insurance Requirements:** Applicant must furnish, at their own expense, a combined single limit of not less than one million (\$1,000,000) dollars general liability insurance coverage which meets Stanislaus County requirement and names the County of Stanislaus, its Officers, Directors, Officials, Employees, Agents, Volunteers, and Representatives, as additional insured by separate endorsement. Applicant's name and current policy numbers must be listed on all policies and endorsements. Applicant's insurance policy must state that coverage is primary and non-contributory. Current proof of insurance must be provided for each vehicle listed on the application. Vehicles not listed on the original application will not be allowed to enter park grounds. No Concession Vendor License will be issued without current proof of insurance.
- **Watercraft Concessionaire Insurance Requirements:** Applicant must furnish, at their own expense, a combined single limit of not less than five million (\$5,000,000) dollars general liability insurance coverage which meets Stanislaus County requirement and names the County of Stanislaus, its Officers, Directors, Officials, Employees, Agents, Volunteers, and Representatives, as additional insured by separate endorsement. Applicant's name and current policy numbers must be listed on all policies and endorsements. Applicant's insurance policy must state that coverage is primary and non-contributory. Current proof of insurance must be provided for each vehicle listed on the application. Vehicles not listed on the original application will not be allowed to enter park grounds. No Concession Vendor License will be issued without current proof of insurance.
- **All Concessionaire Insurance Requirements:** Applicants must also furnish, at their own expense, a combined single limit of not less than one million (\$1,000,000) dollars automobile liability insurance with bodily injury and property damage coverage which meets Stanislaus County requirements and names County of Stanislaus, its Officers, Directors, Officials, Employees, Agents, Volunteers, and Representatives, as additional insured by separate endorsement. Applicant's name and current policy numbers must be listed on all policies and endorsements. Applicant's insurance policy must state that coverage is primary and non-contributory. Current proof of insurance must be provided for each vehicle listed on the application. Vehicles not listed on the original application will not be allowed to enter park grounds
- **Worker's Compensation Requirements:** Applicants will be required to provide Workers Compensation and Employer's Liability in the amount of one million (1,000,000) dollars, and a Waiver of Subrogation for the Workers Compensation coverage. If applicant is exempt from the Workers Compensation rules, a letter, on business letterhead, stating that the applicant is exempt from this requirement, because of Sole Proprietor status and if employees are hired for this venture, the applicant will immediately provide coverage as required by State law.

- **Indemnification:** Except for the active negligence or willful misconduct of the County of Stanislaus, South San Joaquin Irrigation District (SSJID) or the Modesto Irrigation District (MID), concessionaire undertakes and agrees to defend, indemnify and hold harmless the County, SSJID, MID, and any and all of their Officers, Agents, Employees and Volunteers from and against all suits and causes of action, claims, losses, demands and expenses, including, but not limited to, attorney's fees and cost of litigation, damage or liability of any nature whatsoever, for death or injury to any person, including Concessionaire's employees and agents, or damage or destruction of any property of either party hereto or of third parties, arising in any manner by reason of, or incident to, the performance of this agreement on the part of Concessionaire, its officers, agents, employees, or sub-contractor of any tier. SSJID and MID pertain only to the Modesto and Woodward Reservoirs.
- **Hold Harmless Agreements:** The Concessionaire, in consideration of the granting of this Concession License, agrees to hold the County, SSJID and MID, harmless for any and all claims or rights of action for damages which may or might arise or accrue to said concessionaire or licensee, his officers, agents, servants, employees, or others who may be on the licensed premises at his invitation or the invitation of any one of them, by reason of injury to the property, or the persons of any of them resulting from the entry upon or the use of the licensed premises, by County, SSJID, MID or any of them, at any time, for any purpose necessary or convenient in connection with the Reservoir. SSJID and MID pertain only to the Modesto and Woodward Reservoirs.
- No Concession Vendor License will be issued without current proof of insurance.
- Vendor may request a review of insurance limits by Risk Management at the time the Concession License Application is submitted.

Requirements of outside agencies

- Alcohol sales require a license from the California Department of Alcoholic Beverage Control. If alcohol sales are part of an event, a permit may also be required from the Stanislaus County Sheriff's Department. Alcoholic beverages can only be sold until 9:00 p.m.
- Trailers with propane tanks will require a Propane Permit from the Fire Department.

Documents - The below documents must accompany your application when applicable.

- Please attach a picture of your Concession unit (vehicle, trailer, etc.), to aid in field identification.
- Provide a copy of Business License/Peddler's Permit (whichever is applicable), for verification purposes.
- Provide a copy of Environmental Health Mobile Food Facility Official Notice (if applicable), to verify the permit is current.
- Copy of Certificate of Liability Insurance which includes Automobile Insurance and Workers Compensation (if employees will be present).
- Alcohol Permit/License (if applicable)
- Permit for Propane Tank (if applicable)

By signing below, I certify that the information I have provided is true and correct to the best of my knowledge and that I have read and understand the requirements and conditions as stated in this application. I understand that I will be responsible to ensure that I and/or my helpers, or employees, abide by all rules, regulations, and requirements as required and set by the Department of Parks and Recreation. I further understand that I will be responsible to submit all required documents and all applicable fees pertaining to my Concession Vendor License, to the Department of Parks and Recreation prior to the approval of my request and the issuance of my Concession Vendor License.

Applicant's Printed Name	Applicant's Signature	Date
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Submission Instructions

Licenses are granted on a first come, first serve basis, in order of completeness. Please utilize the Concession Vendor Checklist, to ensure completeness of your Application. Please ensure that you have read and understand the above requirements and conditions prior to submitting your application and \$100 annual application fee. The application fee is non-refundable unless the Department of Parks and Recreation cannot accommodate your request.

All completed applications may be submitted by:

Email: parks-admin@parksrec.org

In person at the address below OR by mailing all completed documents to:

Stanislaus County
Department of Parks and Recreation
Attn: CONCESSION LICENSE
3800 Cornucopia Way, Ste. D
Modesto, CA 95358

Thank you again, for your interest in the Stanislaus County Parks & Recreation Concession Vendor Program!



STANISLAUS COUNTY

PARKS & RECREATION

ORGANIZATIONAL HOLD HARMLESS AGREEMENT

The undersigned, representing (organization) _____, agrees to defend, indemnify and save harmless the County of Stanislaus, its officers, employees and agents from and against any and all claims, demands, liabilities or loss of any kind or nature which the County, its officers, agents or employees may sustain or incur or which may be imposed upon them for injury to or death of persons or damage to property as a result of or arising out of the use of the County facilities and premises by the person or organization named above or the officers, employees, or participants, patrons, or visitors. The undersigned further agrees to pay any and all costs and expenses, including but not limited to court costs and reasonable attorney's fees, incurred by the County on account of any such claims, demands, or liabilities.

Authorized Representative: _____

Event Name: _____

Event Site: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

Signature: _____

Date: _____

Please return original to:
Stanislaus County Parks & Recreation
3800 Cornucopia Way, Suite D Modesto, CA 95358



Liability Insurance Certificate & Additional Insured

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

- Please ensure all indicated coverage meets or exceeds minimum listed.
- 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.
- The Named Insured on the certificate must be identical to the legal name listed on the Exclusive Use/Event Request Form.
- The 'Occur' box must be selected to cover on a per occurrence basis.
- Policy number.
- Policy period must cover the dates of the event and be a minimum of 6 months out.
- 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:				
COVERAGES							
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	ADD'L 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 OCCURRENCE	\$ 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 OCCURRENCE	\$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							
CERTIFICATE HOLDER				CANCELLATION			
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.			
ACORD 25 (2001/08)				AUTHORIZED REPRESENTATIVE Must be signed			
				© 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

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



Liability Insurance Certificate & Additional Insured

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

- Please ensure all indicated coverage meets or exceeds minimum listed.
- 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.
- The Named Insured on the certificate must be identical to the legal name listed on the Exclusive Use/Event Request Form.
- The 'Occur' box must be selected to cover on a per occurrence basis.
- Policy number.
- Policy period must cover the dates of the event and be a minimum of 6 months out.
- 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:				
COVERAGES							
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	\$ 5,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 5,000,000
						GENERAL AGGREGATE	\$ 5,000,000
						PRODUCTS - COMP/PROP AGG	\$ 5,000,000
							\$
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							
CERTIFICATE HOLDER				CANCELLATION			
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 Must be signed			
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

8 POLICY NUMBER: XXXXXXXX

COMMERCIAL GENERAL LIABILITY POLICY

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.

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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