



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
- REQUIRED WORDING:**  
The City of Palmdale, Housing 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  
38260 10th St. East  
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:					
						INSURER(S) AFFORDING COVERAGE			NAIC #		
INSURED						INSURER A: Insurance Company Name 3					
						INSURER B:					
						INSURER C:					
						INSURER D:					
						INSURER E:					
						INSURER F:					
2						INSURED'S Name/Address					
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 4	GENERAL LIABILITY		Y	Y	Policy Number	Policy Term (must cover event dates)	EACH OCCURRENCE	\$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000 7			
							PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000			
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				PRODUCTS - COM/OP AGG	\$ 2,000,000			
								\$			
A 8	AUTOMOBILE LIABILITY		Y	Y	5	6	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$			
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$			
								\$			
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$			
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$			
								\$			
A 9	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		N/A	Y	5	6	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000			
A 10	OTHER		Y	Y	5	6	PER OCCURRENCE	\$ 1,000,000			
	Liquor Liability						GENERAL AGGREGATE	\$ 2,000,000			
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. 11											
The City of Palmdale, Housing 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 38260 10th St. East Palmdale, CA 93550 14						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					
						Authorized Representative's Signature 13					
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  
38260 10th Street East, 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)
2. Commercial Liability and Commercial Automobile Liability. If serving or selling alcohol, Liquor Liability.
3. The City of Palmdale, the Housing Authority of the City of Palmdale, the Successor Agency of the Community Redevelopment Agency of the City of Palmdale, Palmdale Civic Authority, Industrial Development Authority of the City of Palmdale, Palmdale Airport 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

**3**

### SCHEDULE

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

The City of Palmdale, Housing 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.**