

SAMPLE INSURANCE CERTIFICATE AND ENDORSEMENT

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER INSURANCE AGENT NAME INSURANCE AGENT ADDRESS		THIS CERTIFICATION 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 INSURED NAME INSURED ADDRESS		INSURERS ACCORDING COVERAGE INSURER A: INSURANCE COMPANY NAME(S) INSURER B: INSURER C: INSURER D: INSURER E:		NAIC #
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.				
INSURANCE POLICY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> RATED <input type="checkbox"/> LOC.		POLICY NUMBER	CURRENT POLICY PERIOD	EACH OCCURRENCE DAMAGE TO PROPERTY (Per insured) MED EXP (Any one person) PERSONAL & ADY INJURY GEN'L AGGREGATE PRODUCTS - COMP/PROP AGG
				\$1,000,000
				\$2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HELD AUTOS <input type="checkbox"/> NON-OWNED AUTOS		POLICY NUMBER	CURRENT POLICY PERIOD	COMBINED SINGLE LIMIT (EA accident) BODILY INJURY (Per insured) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
				\$1,000,000
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY - AGG
				\$1,000,000
				\$2,000,000
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE
				\$1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROVISIONS TO BE EXCLUDED? YES <input type="checkbox"/> NO <input type="checkbox"/> (SEE SPECIAL PROVISIONS SECTION) OTHER		POLICY NUMBER	CURRENT POLICY PERIOD	WS - STAT (Per limits) OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - MULTY LABO
				\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS				
The City of San Diego, its officers, employees and agents as additionally insured.				
CERTIFICATE HOLDER The City of San Diego 1200 Third Avenue, Suite 1000 San Diego, CA 92101		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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		
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Coverage

- Commercial General Liability
- Auto Liability
- Proof of Workers Compensation

Minimum Limits

For Filming or Still Photography:

- \$1,000,000 per occurrence
- \$2,000,000 aggregate

Additional Insured

- City of San Diego, its officers, employees and agents named as additionally insured.
- If a policy contains "blanket" additional insured, then the certificate must note: "City of San Diego is additional insured by blanket endorsement".
- If policy has no blanket endorsement (see following page for sample).

Insurance Company

- Must be licensed to do business in California.

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.

SCHEDULE

Name of Person or Organization:

City of San Diego, its officers, employees and agents.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

Additional Insured

- City of San Diego, its officers, employees and agents named as additional insured