City of Tustin
Certificate of Liability Insurance Requirements
Tustin Community Center at the Market Place

The City of Tustin and the Irvine Company requires a Certificate of Liability Insurance as additional insured in the amount of one (1) million dollars.

A two (2) million dollar limit is also available upon request and/or need.

REQUIREMENTS

1. Certificate of Insurance
2. Additional Insured Endorsement
3. Primary & Non-Contributory Endorsement
4. 30-Day Cancelation Endorsement

Please note these are four (4) separate documents.

Each endorsement must list the policy number, "The City of Tustin, The City of Tustin, Its Elective & Appointive Boards, Officers, Agents and Employees, 300 Centennial Way, Tustin, CA 92780" AND "The Irvine Company LLC and all entities controlling, controlled by, or under common control with such entity, together with its respective owners, shareholders, partners, members, divisions, officers, directors, employees, representatives and agents, and its successors and assigns".

PLEASE NOTE:

The certificate holder must <u>precisely</u> read:

"The City of Tustin, Its Elective & Appointive Boards, Officers, Agents and Employees, 300 Centennial Way, Tustin, CA 92780"

<u>AND</u>

"The Irvine Company LLC - Retail Partners, 101 Innovation Drive, Irvine, CA 92617

If your liability insurance certificate is worded incorrectly, you are responsible for contacting your insurance agent.

SAMPLES OF REQUIRED DOCUMENTS

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ACORD CERTIFICATE OF LIABILITY INSURANCE — DATE (MM/DD/YY)

THIS CERTIFICATE 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.

INSURERS AFFORDING COVERAGE — NAIC#

INSURED — Phone 310-308-2451

INSURER A: / 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE	$ 2,000,000
A	☒ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	☐ CLAIMS MADE ☒ OCCUR				MED EXP (Any one person)	$
	☐				PERSONAL & ADV INJURY	$ 1,000,000
	☐				GENERAL AGGREGATE	$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS – COMP/OP AGG	$
	☐ POLICY ☐ PROJECT ☐ LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea Accident)	$
	☐ ANY AUTO				BODILY INJURY (per person)	$
	☐ ALL OWNED AUTOS				BODILY INJURY (per accident)	$
	☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	$
	☐ HIRED AUTOS					
	☐ NON OWNED AUTOS					
	☐					
	☐					
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	$
	☐ ANY AUTO				OTHER THAN AUTO ONLY — EA ACC	$
	☐				AGG	$
	EXCESS LIABILITY				EACH OCCURRENCE	$
	☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	$
						$
	☐ DEDUCTIBLE					$
	☐ RETENTION $					$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under Special Provisions below				☒ WC Statutory Limits ☐ Other	$
					E.L. EACH ACCIDENT	$
					E.L. DISEASE –EA EMPLOYEE	$
					E.L. DISEASE –POLICY LIMIT	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

CERTIFICATE HOLDER

THE CITY OF TUSTIN, ITS ELECTIVE & APPOINTED BOARDS, OFFICERS, AGENTS AND EMPLOYEES
300 CENTENNIAL WAY
TUSTIN, CA 92780

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER 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

ACORD 25 (2001/08) — ©ACORD CORPORATION 1988

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POLICY NUMBER: — Copyright, Insurance Services Office, Inc., 1984 — 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:

The City of Tustin, Its Elective & Appointed Boards, Officers, Agents and Employees
300 Centennial Way, Tustin, CA 92780

(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, but only with respect to liability arising out of "your work" for that insured by or for you.

Modifications

1. The insured scheduled above includes the insured's elected or appointed officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled, underlying primary coverage. In either event, any other insurance maintained by the insured scheduled above shall be in excess of this insurance shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Entity.

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POLICY NUMBER: — COMMERCIAL GENERAL LIABILITY CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the Other Insurance Condition and supersedes any provision to the Contrary:

Primary And Noncontributory Insurance
This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under you policy Provided that:
(1) The additional insured is a Named Insured under such other insurance;

THE CITY OF TUSTIN, ITS ELECTIVE & APPOINTED BOARDS, OFFICERS, AGENTS AND EMPLOYEES
300 CENTENNIAL WAY
TUSTIN, CA 92780

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POLICY NUMBER:
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION BY US TO THIRD PARTY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

30 days before the effective date of cancellation by us we will mail or deliver notice to:

Name: The City of Tustin
Its Elective & Appointive Boards, Officers, Agents and Employees
Address: 300 Centennial Way
Tustin CA 92780

The following condition is added to the policy:

Notice of Cancellation by Us to Third Party

1. If we cancel this policy for any reason other than non-payment of premium, notice of cancellation of not less than the number of days shown in the Schedule will be mailed or delivered to the third party identified in the Schedule.
2. We will mail or deliver our notice to the third party at the address shown in the Schedule.
3. If notice is mailed, proof of mailing will be sufficient proof of notice.
4. We will not notify the third party if cancellation is at your request.
5. We will not notify the third party in the event of non-renewal.
6. Our failure to notify the third party does not invalidate cancellation as respects you.

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Looking for coverage? Visit Bene-Marc Special Event Insurance:

https://bmispecialevents.com/
Call: (800) 247-1734
Email: SpecialEvents@bene-marc.com

Listed below if helpful information to help you complete the online application:

- **Name of Event Location:** City of Tustin
- **Address:** 300 Centennial Way, Tustin, CA 92780
- **Contact Name at Facility:** Tustin Parks and Recreation
- **E-Mail Address of Contact at Venue/Facility:** tprdinsurance@tustinca.org