

City of Tustin Certificate of Liability Insurance Contract Instructors Requirements

The City of Tustin requires a Certificate of Liability Insurance in the amount of one (1) million dollars naming the City of Tustin as Additional Insured. A two (2) million dollar limit is also available upon request and/or need.

IF YOU ALREADY HAVE AN INSURANCE BROKER, PLEASE SUBMIT THE FOLLOWING:

1 Certificate of Insurance

The certificate holder must **precisely** read:

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

If your Certificate of Liability Insurance is not worded correctly, you are responsible for contacting your insurance agent.

Additional Requirements

- 2 Additional Insured Endorsement
- 3 Primary & Non-Contributory Endorsement
- 4 30-Day Cancellation Endorsement

Please note these are three (3) separate documents and are not included in the Certificate. Each endorsement must list the policy number.

SAMPLES OF REQUIRED DOCUMENTS:

1

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/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: NAICP

INSURED: INSURER A: _____
INSURER B: _____
INSURER C: _____
INSURER D: _____
INSURER E: _____
Phone 310-308-2451

COVERAGES

THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. TO WITHHOLD ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THESE POLICIES MAY BE ISSUED OR MAY PUNITAL. 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 FMS CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIR DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MEDICAL (EA OCCURRENCE) \$ _____ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ _____
COMMERCIAL GENERAL LIABILITY				
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				
<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA ACCIDENT) \$ _____ BODILY INJURY (PR PERSON) \$ _____ BODILY INJURY (PR ACCIDENT) \$ _____ PROPERTY DAMAGE (PR ACCIDENT) \$ _____
<input type="checkbox"/> ANY AUTO				
<input type="checkbox"/> ALL OWNED AUTOS				
<input type="checkbox"/> BODILESS AUTOS				
<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY EA ACC \$ _____ AGG \$ _____
<input type="checkbox"/> ANY AUTO				
EXCESS LIABILITY				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				
<input type="checkbox"/> DEDUCTIBLE \$ _____				
<input type="checkbox"/> RETENTION \$ _____				
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC (Statutory Limits) <input type="checkbox"/> Other <input type="checkbox"/> _____ E.L. EACH ACCIDENT \$ _____ E.L. DISEASE -EA EMPLOYEE \$ _____ E.L. DISEASE -POLICY LIMIT \$ _____
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/DIRECTORS EXCLUDED? If yes, describe under Special Provisions below				
OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS				

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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 your policy. Provide 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: COMMERCIAL GENERAL LIABILITY COVERAGE PART

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
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 notice that 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.

Looking for coverage?

Obtain a free quote by calling or emailing Sparta:

(800) 420-0555 / (415) 986-3999 / Email: SPARTA@imwis.com

For more information or questions, please contact Tustin Parks and Recreation.