

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.

REQUIREMENTS

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

Please note these are four (4) separate documents.

Each endorsement must list the policy number.

PLEASE NOTE:

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.

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: NAICP

INSURED: INSURER A: _____
INSURER B: _____
INSURER C: _____
INSURER D: _____
INSURER E: _____

Phone 310-308-2451

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 WAIVED HEREIN, 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 ENDORSEMENTS.

INS LN	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCE <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOF AGG \$ _____	
	AUTOMOBILE LIABILITY <input 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"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT \$ _____ BODILY INJURY (Per Person) \$ _____ BODILY INJURY (Per Accident) \$ _____ PROPERTY DAMAGE (Per Accident) \$ _____	
	UMBRELLA LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY EA ACC \$ _____ AGG \$ _____	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ _____ <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____	
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY AND PROFESSIONAL LIABILITY OFFICERS/AGENTS EXCLUDED <small>ELC, ELA, ELB, ELG, ELH, ELI, ELJ, ELK, ELM, ELN, ELO, ELP, ELQ, ELR, ELS, ELT, ELU, ELV, ELW, ELX, ELY, ELZ, ELAA, ELAB, ELAC, ELAD, ELAE, ELAF, ELAG, ELAH, ELAI, ELAJ, ELAK, ELAL, ELAM, ELAN, ELAO, ELAP, ELAQ, ELAR, ELAS, ELAT, ELAU, ELAV, ELAW, ELAX, ELAY, ELAZ, ELBA, ELBB, ELBC, ELBD, ELBE, ELBF, ELBG, ELBH, ELBI, ELBJ, ELBK, ELBL, ELBM, ELBN, ELBO, ELBP, ELBQ, ELBR, ELBS, ELBT, ELBU, ELBV, ELBW, ELBX, ELBY, ELBZ, ELCA, ELCB, ELCC, ELCD, ELCE, ELCF, ELCG, ELCH, ELCI, ELCJ, ELCK, ELCL, ELCM, ELCN, ELCO, ELCP, ELCQ, ELCR, ELCS, ELCT, ELCU, ELCV, ELCW, ELCX, ELCY, ELCZ, ELDA, ELDB, ELDC, ELDD, ELDE, ELDF, ELDG, ELDH, ELDI, ELDJ, ELDK, ELDL, ELDM, ELDN, ELDO, ELDP, ELDQ, ELDR, ELDS, ELDT, ELDU, ELDV, ELDW, ELDX, ELDY, ELDZ, EL EA, EL EB, EL EC, EL ED, EL EE, EL EF, EL EG, EL EH, EL EI, EL EJ, EL EK, EL EL, EL EM, EL EN, EL EO, EL EP, EL EQ, EL ER, EL ES, EL ET, EL EU, EL EV, EL EW, EL EX, EL EY, EL EZ, EL FA, EL FB, EL FC, EL FD, EL FE, EL FF, EL FG, EL FH, EL FI, EL FJ, EL FK, EL FL, EL FM, EL FN, EL FO, EL FP, EL FQ, EL FR, EL FS, EL FT, EL FU, EL FV, EL FW, EL FX, EL FY, EL FZ, EL GA, EL GB, EL GC, EL GD, EL GE, EL GF, EL GG, EL GH, EL GI, EL GJ, EL GK, EL GL, EL GM, EL GN, EL GO, EL GP, EL GQ, EL GR, EL GS, EL GT, EL GU, EL GV, EL GW, EL GX, EL GY, EL GZ, EL HA, EL HB, EL HC, EL HD, EL HE, EL HF, EL HG, EL HH, EL HI, EL HJ, EL HK, EL HL, EL HM, EL HN, EL HO, EL HP, EL HQ, EL HR, EL HS, EL HT, EL HU, EL HV, EL HW, EL HX, EL HY, EL HZ, EL IA, EL IB, EL IC, EL ID, EL IE, EL IF, EL IG, EL IH, EL II, EL IJ, EL IK, EL IL, EL IM, EL IN, EL IO, EL IP, EL IQ, EL IR, EL IS, EL IT, EL IU, EL IV, EL IW, EL IX, EL IY, EL IZ, EL JA, EL JB, EL JC, EL JD, EL JE, EL JF, EL JG, EL JH, EL JI, EL JJ, EL JK, EL JL, EL JM, EL JN, EL JO, EL JP, EL JQ, EL JR, EL JS, EL JT, EL JU, EL JV, EL JW, EL JX, EL JY, EL JZ, EL KA, EL KB, EL KC, EL KD, EL KE, EL KF, EL KG, EL KH, EL KI, EL KJ, EL KK, EL KL, EL KM, EL KN, EL KO, EL KP, EL KQ, EL KR, EL KS, EL KT, EL KU, EL KV, EL KW, EL KX, EL KY, EL KZ, EL LA, EL LB, EL LC, EL LD, EL LE, EL LF, EL LG, EL LH, EL LI, EL LJ, EL LK, EL LL, EL LM, EL LN, EL LO, EL LP, EL LQ, EL LR, EL LS, EL LT, EL LU, EL LV, EL LW, EL LX, EL LY, EL LZ, EL MA, EL MB, EL MC, EL MD, EL ME, EL MF, EL MG, EL MH, EL MI, EL MJ, EL MK, EL ML, EL MM, EL MN, EL MO, EL MP, EL MQ, EL MR, EL MS, EL MT, EL MU, EL MV, EL MW, EL MX, EL MY, EL MZ, EL NA, EL NB, EL NC, EL ND, EL NE, EL NF, EL NG, EL NH, EL NI, EL NJ, EL NK, EL NL, EL NM, EL NN, EL NO, EL NP, EL NQ, EL NR, EL NS, EL NT, EL NU, EL NV, EL NW, EL NX, EL NY, EL NZ, EL OA, EL OB, EL OC, EL OD, EL OE, EL OF, EL OG, EL OH, EL OI, EL OJ, EL OK, EL OL, EL OM, EL ON, EL OO, EL OP, EL OQ, EL OR, EL OS, EL OT, EL OU, EL OV, EL OW, EL OX, EL OY, EL OZ, EL PA, EL PB, EL PC, EL PD, EL PE, EL PF, EL PG, EL PH, EL PI, EL PJ, EL PK, EL PL, EL PM, EL PN, EL PO, EL PP, EL PQ, EL PR, EL PS, EL PT, EL PU, EL PV, EL PW, EL PX, EL PY, EL PZ, EL QA, EL QB, EL QC, EL QD, EL QE, EL QF, EL QG, EL QH, EL QI, EL QJ, EL QK, EL QL, EL QM, EL QN, EL QO, EL QP, EL QQ, EL QR, EL QS, EL QT, EL QU, EL QV, EL QW, EL QX, EL QY, EL QZ, EL RA, EL RB, EL RC, EL RD, EL RE, EL RF, EL RG, EL RH, EL RI, EL RJ, EL RK, EL RL, EL RM, EL RN, EL RO, EL RP, EL RQ, EL RR, EL RS, EL RT, EL RU, EL RV, EL RW, EL RX, EL RY, EL RZ, EL SA, EL SB, EL SC, EL SD, EL SE, EL SF, EL SG, EL SH, EL SI, EL SJ, EL SK, EL SL, EL SM, EL SN, EL SO, EL SP, EL SQ, EL SR, EL SS, EL ST, EL SU, EL SV, EL SW, EL SX, EL SY, EL SZ, EL TA, EL TB, EL TC, EL TD, EL TE, EL TF, EL TG, EL TH, EL TI, EL TJ, EL TK, EL TL, EL TM, EL TN, EL TO, EL TP, EL TQ, EL TR, EL TS, EL TT, EL TU, EL TV, EL TW, EL TX, EL TY, EL TZ, EL UA, EL UB, EL UC, EL UD, EL UE, EL UF, EL UG, EL UH, EL UI, EL UJ, EL UK, EL UL, EL UM, EL UN, EL UO, EL UP, EL UQ, EL UR, EL US, EL UT, EL UY, EL UZ, EL VA, EL VB, EL VC, EL VD, EL VE, EL VF, EL VG, EL VH, EL VI, EL VJ, EL VK, EL VL, EL VM, EL VN, EL VO, EL VP, EL VQ, EL VR, EL VS, EL VT, EL VU, EL VV, EL VW, EL VX, EL VY, EL VZ, EL WA, EL WB, EL WC, EL WD, EL WE, EL WF, EL WG, EL WH, EL WI, EL WJ, EL WK, EL WL, EL WM, EL WN, EL WO, EL WP, EL WQ, EL WR, EL WS, EL WT, EL WU, EL WV, EL WW, EL WX, EL WY, EL WZ, EL XA, EL XB, EL XC, EL XD, EL XE, EL XF, EL XG, EL XH, EL XI, EL XJ, EL XK, EL XL, EL XM, EL XN, EL XO, EL XP, EL XQ, EL XR, EL XS, EL XT, EL XU, EL XV, EL XW, EL XX, EL XY, EL XZ, EL YA, EL YB, EL YC, EL YD, EL YE, EL YF, EL YG, EL YH, EL YI, EL YJ, EL YK, EL YL, EL YM, EL YN, EL YO, EL YP, EL YQ, EL YR, EL YS, EL YT, EL YU, EL YV, EL YW, EL YX, EL YY, EL YZ, EL ZA, EL ZB, EL ZC, EL ZD, EL ZE, EL ZF, EL ZG, EL ZH, EL ZI, EL ZJ, EL ZK, EL ZL, EL ZM, EL ZN, EL ZO, EL ZP, EL ZQ, EL ZR, EL ZS, EL ZT, EL ZU, EL ZV, EL ZW, EL ZX, EL ZY, EL ZZ</small>					<input checked="" type="checkbox"/> MC Statutory Limits <input type="checkbox"/> SELF EL EACH ACCIDENT \$ _____ EL DISEASE - EA EMPLOYEE \$ _____ EL DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS/LOCATIONS/VENUES/EXCLUSIONS ACCORD 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 INSURED 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 REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE _____

ACORD 2010 (08/16) ACORD CORPORATION 1998

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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.

Name of Person or Organization: SCHEDULE

The City of Tustin, Its Elective & Appointive 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 the 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:

- The insured scheduled above includes the insured's elected or appointed officers, officials, employees and volunteers.
- 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.
- The insurance afforded by this policy shall not be cancelled 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 this 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
Address: 300 Centennial Way, Tustin, CA 92780

The following condition is added to the policy:

Notice of Cancellation by Us to Third Party

- 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.
- We will mail or deliver our notice to the third party at the address shown in the Schedule.
- If notice is mailed, proof of mailing will be sufficient proof of notice.
- We will not notify the third party if cancellation is at your request.
- We will not notify the third party in the event of non-renewal.
- 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