



City of Camarillo

Department of Community Development

601 Carmen Drive ♦ Camarillo ♦ California ♦ 93010

805.388.5360 | | 805.388.5388 fax

MEMORANDUM

NOTICE

FOR EVENTS HELD WITHIN CITY LIMITS

The City requires **complete** certificates of insurance, which includes **both forms listed below**:

- 1. Certificate of Insurance ("Acord 25-S" form)** (Please note: The city requires appropriate insurance be provided for the day(s) of the event in the following minimum amounts: **\$2,000,000 General Aggregate** and **\$1,000,000 Each Occurrence** unless otherwise stated.)
- 2. Endorsement form** (this form actually changes the policy to add the City as additional insured; therefore, this is a required document)

Sample of complete insurance requirement attached

Insurance providers issue different style forms to address this requirement.

The wording on the CERTIFICATE of INSURANCE and ENDORSEMENT form should read:

"Additional Insured: City of Camarillo, its elected and appointed officials, agents, volunteers and employees."

→AND – the Endorsement form needs the following language:

"PRIMARY INSURANCE: This insurance is primary and noncontributory as respects to any loss or liability arising directly or indirectly from the insured's operations."

These requirements are standard procedures for **all** certificates of insurance requested by the city.

→ FOR EVENTS ON CITY-OWNED PROPERTY ←

In addition to the applicant/permittee providing proper insurance, **all vendors** (including food vendors, non-food vendors with sales, and exhibitors) will be required to procure and maintain commercial general liability insurance with coverage limit of \$2,000,000 General Aggregate and \$1,000,000 Each Occurrence. **Each vendor** must provide individual complete certificates of insurance to the Applicant/Permittee. The applicant/permittee will be required to provide City with a complete list of each vendor with a statement certifying applicant/permittee has received a copy of each vendor's certificate of insurance (The City does not require a copy of each vendor's COI). Any alcohol garden shall be covered on a separate policy (complete certificate of insurance and endorsement form naming the City as additional insured and state such insurance will be deemed "primary") by either the Applicant/Permittee or the vendor.

AS AN OPTION (for City-owned property)

You may contact the Administrative Services Department (Human Resources Division) at 805.383.5633 for information regarding cost and coverage of *optional* insurance offered by the City's insurance carrier. Vendors that are unable to provide an individual certificate of insurance may be added to the applicant/permittee's policy (if applicant/permittee's policy has been purchased thru City's Special Event Insurance Program) at the current daily rates.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 This page is a SAMPLE of the Certificate of Insurance. This is Page 1 of the 2-page complete insurance documentation required. Please note information in box above. This is why the Endorsement Form is Required.		CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED <h1>SAMPLE</h1>		INSURER A :	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PERSONAL & ADV INJURY \$						
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> ALL OWNED AUTOS						\$
	<input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	<input type="checkbox"/> DEDUCTIBLE						AGGREGATE \$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
All operations: City of Camarillo, its elected and appointed officials, agents, volunteers, and employees are listed as Additional Insured - Pursuant to attached endorsement

CERTIFICATE HOLDER Attn: Laura Fox Dept of Community Development City of Camarillo 601 Carmen Drive Camarillo, CA 93010	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

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 Additional Insured Person(s) Or Organization(s)
City of Camarillo, its elected and appointed officials, agents, volunteers and employees
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

PRIMARY INSURANCE: this insurance is primary and noncontributory as respects to any loss or liability arising directly or indirectly from the insured's operations.

THE ABOVE WORDING IS A FIRM REQUIREMENT TO BE INCLUDED IN ALL ENDORSEMENTS - PER CITY ATTORNEY.