



## Insurance and Endorsement Requirements For use of City of Malibu parks and facilities

### **Please provide this document to the Vendor / Insurance Agent**

The City of Malibu requires all rental customers, tenants, and third-party vendors to have general liability coverage of \$1,000,000 plus a separate Endorsement Page (**two pages total**) naming the City of Malibu as an additional insured while on City property. **Proof of coverage is due no less than fourteen (14) days prior to the event date and must meet the City's requirements listed below.** It is the renter's responsibility to ensure vendors have met the insurance requirements prior to the deadline.

### **The Insurance Certificate must include the following:**

- Date of event (insurance may be kept on file and valid for the life of the policy)
- Location of event
- Name of organization/business/group

### **The following should be typed in the "Certificate Holder" section:**

Additionally Insured:  
City of Malibu  
23825 Stuart Ranch Rd.  
Malibu CA 90265

### **The Cancellation Clause must read as follows:**

*"Should any of the above-described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions."*

### **Additional Insured Endorsement:**

Certificates of Insurance without endorsements do not protect the additionally insured (in this case, the City of Malibu). Language on the certificate states *"This certificate 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 policy"*. For this reason, a separate endorsement page must be included with the Certificate of Insurance.

### **The separate Endorsement Page will need to list the following (see example on next page):**

- Policy Number
- Wording that the *"endorsement changes/ modifies the policy/ insurance"*
- Wording that states *"This endorsement modifies insurance provided under the following: Commercial General Liability Coverage Form: SCHEDULE"*
- Name of Person or Organization that is being Additionally Insured:  
City of Malibu  
23825 Stuart Ranch Rd.  
Malibu CA, 90265



# CERTIFICATE OF LIABILITY INSURANCE

PSIGU-1

OP ID: RH

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	Insurance Company Name Street Address City, State, Zip Code	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	Your Company Name Street Address City, State, Zip Code * Should match the company name in contract	INSURER(S) AFFORDING COVERAGE	
		INSURER A:	Insurance company name
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

Complete "Limits" column as applicable; amounts may vary

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			Policy number must match the endorsement		Insurance coverage must span date(s) of event	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Example:  
 Certificate holder is included as an additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the name insured for which a premium has been paid.

CERTIFICATE HOLDER CANCELLATION

CITY OF MALIBU 23825 STUART RANCH RD. MALIBU, CA 90265	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 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <div style="text-align: center; border: 1px solid black; padding: 5px; width: 100px; margin: 5px auto;">SIGN HERE</div>
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POLICY NUMBER:

Policy number must match COI

COMMERCIAL GENERAL LIABILITY  
CG XX XX XX XX

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>
CITY OF MALIBU 23825 STUART RANCH RD. MALIBU, CA 90265
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability**:

- Any person(s) or organization(s) shown in the Schedule is also an additional insured, 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 in the performance of your ongoing operations or in connection with your premises owned by or rented to you.