



CIVIC PERMITS OFFICE  
Community Facility Use – Insurance Requirements

**User shall provide a certificate of insurance at least fourteen (14) calendar days prior to the requested use; if not received, the event will be cancelled. The Certificate of Insurance must include:**

1. A Comprehensive or Commercial General Liability Insurance. The limits of liability shall not be less than a Combined Single Limit for Bodily Injury, Property Damage and Personal Injury Liability of:

**\$1,000,000 per occurrence**

2. Additional Insured Endorsement must reflect that the policy extends coverage specifically to:

**Sacramento City Unified School District, its officers, agents and employees, 5735  
47th Avenue, Sacramento, CA 95824**

3. Waiver of subrogation endorsement

All users also agree that in making an application for use of facilities, all users agree to defend, indemnify and hold harmless the District, its officers, employees and agents from any and all injuries, losses or damages, including damage to District property, which may result or arise in any way out of their use of the facilities, negligence of the user group, its officers, employees, invitees or agents.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

5/1/2010

DATE (MM/DD/YYYY)  
10/8/2009

**PRODUCER** Lockton Insurance Brokers, LLC  
CA License #OF15767  
Two Embarcadero, Suite 1700  
San Francisco 94111  
(415) 568-4000

**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 POLICIES BELOW.**

**INSURED** Insured's Name  
and  
Address

| INSURERS AFFORDING COVERAGE               | NAIC # |
|---|--------|
| INSURER A: ACE American Insurance Company | 22667  |
| INSURER B: Lexington Insurance Company    | 19437  |
| INSURER C:                                |        |
| INSURER D:                                |        |
| INSURER E:                                |        |

**COVERAGES** NAVIG01 DC

THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

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 | ADD'L INSRD | TYPE OF INSURANCE  | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |
|----------|-------------|--|----------------|----------------------------------|-----------------------------------|---|
| A        |             | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EBL/\$2K Claims Made<br><br>GEN'L AGGREGATE LIMIT APPLIES PER<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | CGO G23741970  | 5/1/2009                         | 5/1/2010                          | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ XXXXXXXX<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          |             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   | NOT APPLICABLE |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX   |
|          |             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO   | NOT APPLICABLE |                                  |                                   | AUTO ONLY - EA ACCIDENT \$ XXXXXXXX<br>OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXX<br>AGG \$ XXXXXXXX  |
| B        |             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><br><input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> RETENTION \$   | 65463147       | 5/1/2009                         | 5/1/2010                          | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$ XXXXXXXX<br>\$ XXXXXXXX<br>\$ XXXXXXXX   |
|          |             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   |                |                                  |                                   | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ XXXXXXXX<br>E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX<br>E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX  |
|          |             | <b>OTHER</b>   |                |                                  |                                   |   |

Certificate  
Sample

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

Certificate holder is named as additional insured as respects to their interest in Annual Beautification Project-community service project to clean up schools and surrounding neighborhoods at Martin Luther King Jr. Technology Academy, 3051 Fairfield St., Sacramento CA 95815, and North Avenue Elementary 1281 N. Avenue Sacramento, CA 95838, Fairbanks Elementary 227 Fairbanks Ave Sacramento, CA 95838, and Noralto Elementary 477 Las Palmas Ave Sacramento, CA 95815 on October 17, 2009 and the use of Grant High School showers on October 17, 2009 and the use of the Martin Luther King Gym/Kitchen October 16 to 18, 2009 for liability arising out of the operations of the insured. The insurance provided under this policy shall be primary and non-contributory, but only as respects to negligence by Shoulder To Shoulder in its operations and use of the Additional Insured's facilities for the specified period and activity noted above. Waiver of subrogation applies.

**CERTIFICATE HOLDER**

10653377  
Sacramento City Unified School District  
5735 47th Avenue  
Sacramento, CA 95824

**CANCELLATION** [M453581] [M453582]

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



POLICY NUMBER:

CGO G23741970

COMMERCIAL  
GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following: Sacramento City Unified School District  
5735 47th Avenue  
Sacramento, CA 95824

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s)  |
|--|
| Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss. |
| 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.

CG 20 26 07 04

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# Endorsement Sample

POLICY NO. CGO G23741970

COMMERCIAL GENERAL  
LIABILITY  
CG 24 04 10 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

**Name of Person or Organization:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement. )

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

CG 24 04 10 93

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# Waiver Sample