



SAMPLE CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED POLICY ENDORSEMENT FOR FACILITY RENTAL

A certificate of insurance and endorsement is required for any facility reservation that takes place on District property that requires an approved facilities reservations application. The District reserves the right to require additional insurance levels based on specific activities or equipment included in the production.

CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY)	
PRODUCER INSURANCE AGENT NAME INSURANCE AGENT ADDRESS		THIS CERTIFICATION 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 NAME INSURED ADDRESS		INSURERS AFFORDING COVERAGE INSURANCE COMPANY NAME(S)		NAIC #	
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 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/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.	POLICY NUMBER	CURRENT	POLICY PERIOD	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 :
	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	POLICY NUMBER	CURRENT	POLICY PERIOD	COMBINED SINGLE LIMIT (Ea accident) : \$ BODILY INJURY (Per person) : \$1,000,000 BODILY INJURY (Per accident) : \$ PROPERTY DAMAGE (Per accident) : \$ AUTO ONLY - EA ACCIDENT : \$ OTHER THAN AUTO ONLY: EA ACC : \$ AGG : \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT : \$ OTHER THAN AUTO ONLY: EA ACC : \$ AGG : \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> <input type="checkbox"/> DEDUCTIBLE : \$ RETENTION : \$				EACH OCCURRENCE : \$1,000,000 AGGREGATE : \$2,000,000 : \$: \$: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	POLICY NUMBER	CURRENT	POLICY PERIOD	WC STATUTORY LIMITS : OTH ER : E.L. EACH ACCIDENT : \$1,000,000 E.L. DISEASE - EA EMPLOYEE : E.L. DISEASE - POLICY LIMIT : \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					
Napa Valley College District, its officers, employees and agents as additionally insured.					
CERTIFICATE HOLDER			CANCELLATION		
Napa Valley College District 2277 Napa- Vallejo Highway Napa, CA 94558			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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		

ACORD 25 (2001/08)

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Coverage

- Commercial General Liability

Minimum Limits

For all events:

- \$1,000,000 per occurrence
- \$2,000,000 aggregate

Additional Insured

Napa Valley College District, its officers, employees, volunteers and agents named as additionally insured.

- If a policy contains "blanket" additional insured, then the certificate must note: "Napa Valley College District is additional insured by blanket endorsement".
- If policy has no blanket endorsement (see following page for sample).

Insurance Company

- Must be licensed to do business in California
- Insurance Company shall have a minimum A.M. Best rating of a VII.



SAMPLE CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED POLICY ENDORSEMENT FOR FACILITY RENTAL

POLICY NUMBER:

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:

Napa Valley College District, its officers, employees and agents.

(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

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Additional Insured

- Napa Valley College District, its officers, employees, volunteers and agents named as additional insured