



# CITY OF CORONADO

## Sample Certificate of Insurance and Additional Insured Policy Endorsement

### Required Coverage:

- Comprehensive General Liability
- Property Damage
- Commercial Automobile Liability
- Proof of Workers Compensation

### Minimum Limits:

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

The Insurance Company must be licensed to do business in California.

### Additional Details

- City of Coronado, its elected and appointed officers, officials, agents, representatives, employees and volunteers must be listed as additional insured.
- If the policy contains a “blanket” additional insured, then the certificate must note:
  - “City of Coronado is additional insured by blanket endorsement.”
- The Risk Management Department may require additional verification, different coverages or higher limits depending on the nature of activities.

**ACORD CERTIFICATE OF LIABILITY INSURANCE** (DATE 99/00/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRM OR DENY THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF COVERAGE IS VALID ONLY BETWEEN THE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE POLICY OR POLICIES IT ENDORSES. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY OR POLICIES IT ENDORSES, IT ON THIS CERTIFICATE DOES NOT COVER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

**PRODUCER:** INSURANCE AGENT NAME, INSURANCE AGENT ADDRESS

**CONTACT:** NAME, PHONE (A/C TEL. EXT.), FAX, E-MAIL, ADDRESS

**INSURER(S) AFFORDED COVERAGE:** INSURANCE COMPANY NAME(S)

**INSURED:** INSURED NAME, INSURED ADDRESS

**INSURER A:** INSURANCE COMPANY NAME(S)

**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.

TYPE OF INSURANCE	INSURANCE POLICY NUMBER	CURRENT POLICY PERIOD	LIMITS
<b>GENERAL LIABILITY</b>			
COMMERCIAL GENERAL LIABILITY	POLICY NUMBER	CURRENT POLICY PERIOD	2ND OCCURRENCE DAMAGE TO RENTED \$ 1,000,000.00
CLAIMS MADE			PERSONAL & ADV. INJURY \$
			MED. EXP. (Any one person) \$
			PERSONAL & ADV. INJURY \$
			AGGREGATE \$ 2,000,000.00
			AGGREGATE \$
			AGGREGATE \$
<b>AUTOMOBILE LIABILITY</b>			
PERSONAL AUTO	POLICY NUMBER	CURRENT POLICY PERIOD	2ND OCCURRENCE \$ 1,000,000.00
NON-OWNED AUTO			BODILY INJURY (Per person) \$
HIRING & OR			BODILY INJURY (Per accident) \$
			AGGREGATE \$
			AGGREGATE \$
<b>UMBRELLA LIAB.</b>			
EXCESS LIAB.			2ND OCCURRENCE \$ 1,000,000.00
			AGGREGATE \$
			AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>			
WORKERS COMPENSATION	POLICY NUMBER	CURRENT POLICY PERIOD	DISABILITY BENEFIT \$ 1,000,000.00
EMPLOYERS LIABILITY			AGGREGATE \$
			AGGREGATE \$

DESCRIPTION OF OPERATIONS (LOCATIONS) VEHICLES (Attach ACORD 101, Additional Remarks, Schedule, if more space is required)

THE CITY OF CORONADO AND ITS ELECTED AND APPOINTED OFFICERS, OFFICIALS, AGENTS, REPRESENTATIVES, EMPLOYEES AND VOLUNTEERS AS ADDITIONALLY INSURED.

**CERTIFICATE HOLDER:** CITY OF CORONADO, 1825 STRAND WAY, CORONADO, CA 92118-3099

**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:**

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POLICY NUMBER: COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED 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)	Location(s) Of Covered Operations
City and its elected and appointed officers, officials, agents and employees	All insured premises and operations.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**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 arising out of your operations or premises owned by or rented to you.

**SAMPLE**

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