



Greater Vallejo Recreation District Facility Permit Certificate of Insurance Requirements

The Certificate of Insurance and Additional Endorsements must be obtained at least 10 business days before the event date. GVRD partnered with The Event Helper to simplify this process.

Visit www.theeventhelper.com#xrigpg to submit your insurance application.

Food trucks and catered grills at events must be approved in advance by GVRD. Food truck and caterers must provide a Certificate of Insurance and Additional Endorsements following the same requirements.

General Liability Insurance: Form CG 00 01

Insured

Name and address listed on the GVRD Facility Permit.

Minimum Liability

\$2,000,000 General Aggregate
\$1,000,000 Per Occurrence
\$1,000,000 Automotive
\$1,000,000 Personal & Advertising Injury
\$1,000,000 Products Completed-Operations

Alcoholic beverages approved at the event? If yes, must include:
Host Liquor Liability – Serving or Retail Liquor Liability – Selling

Certificate Holder

Greater Vallejo Recreation District, its Directors, the City of Vallejo, Officers, Agents, Volunteers, and Employees
395 Amador Street, Vallejo, CA 94590

Description of operations/location/vehicles

Type of event: _____ Date of event: _____

Facility: _____

Cancellation (must read)

Should any of the above-described policies be cancelled before the expiration date thereof, the issuing company will mail 10 days' written notice to the certificate holder name to the left.

Additional Endorsement

– Separate additional endorsements required. No blanket endorsements will be accepted. The policy number on endorsements must match the policy number on the Certificate of Liability Insurance.

- **Additional Insured Endorsement: Form CG 20 26 12 19**
Endorsement shall name: Greater Vallejo Recreation District, its Directors, the City of Vallejo, Officers, Agents, Volunteers, and Employees.
- **Primary and Noncontributory: Form CG 20 01 04 13**
Insurance provided must be primary and noncontributory and include endorsement.
- **Waiver of Transfer of Rights of Recovery Against Others to Us: Form CG 24 04 05 09**
Renters who have employees are required to carry workers' compensation and have this waiver of subrogation for employee injury/illness.
Endorsement shall name: Greater Vallejo Recreation District, its Directors, the City of Vallejo, Officers, Agents, Volunteers, and Employees.

INSURANCE REQUIREMENTS

- It is the responsibility of the Renter to provide an updated Certificate of Liability and Additional Endorsements prior to the policy expiration date to ensure there is no lapse in coverage.
- The Renter's General Liability and Worker's Compensation policies are to be endorsed to waive all rights of subrogation against Recreation and Park District.
- Certificates of Liability Insurance must be for an Occurrence Policy (not Claims-Made).
- Umbrella or Excess Liability Insurance is acceptable to fulfill the required liability limits.

1. Indemnification

The Renter shall indemnify, defend, and hold harmless GVRD, its officers, employees, and agents from any and all losses, costs, expenses, claims, liabilities, actions, or damages, including liability for injuries to any person or persons or damage to property arising at any time out of or in any way related to the Renter's use or occupancy of a facility or property controlled by GVRD, unless solely caused by the gross negligence or willful misconduct of GVRD, its officers, employees, or agents.

2. General liability insurance

The Renter shall procure and maintain, for the duration of the use period contemplated herein, commercial general liability insurance with coverage at least as broad as Insurance Services Office Form CG 00 01, in an amount not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, personal injury, and property damage. The policy must include contractual liability that has not been amended. Any endorsement restricting standard ISO "insured contract" language will not be accepted. If alcohol is sold during the permitted activity, coverage must include full liquor liability.

- a. Such insurance shall name GVRD, its directors, officers, agents, volunteers, & employees as additional insureds prior to the use of the facility. The Renter shall file certificates of such insurance with GVRD, which shall be endorsed to provide thirty (30) days' notice to GVRD of cancellation or any change of coverage or limits. If a copy of the insurance certificate is not on file prior to the event, GVRD may deny access to the facility.
- b. All insurance policies shall be issued by an insurance company currently authorized by the Insurance Commissioner to transact business of insurance or is on the List of Approved Surplus Line Insurers in the State of California, with an assigned policyholders' Rating of A- (or higher) and Financial Size Category Class VII (or larger) in accordance with the latest edition of Best's Key Rating Guide, unless otherwise approved by GVRD's self-insurance pool.
- c. Requirements of specific coverage features or limits contained in this Section are not intended as a limitation on coverage, limits or other requirements, or a waiver of any coverage normally provided by any insurance. Specific reference to a given coverage feature is for purposes of clarification only as it pertains to a given issue and is not intended by any party or insured to be all inclusive, or to the exclusion of other coverage, or a waiver of any type. If the Renter maintains higher limits than the minimums shown above, GVRD requires and shall be entitled to coverage for the higher limits maintained by the Renter. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to GVRD.

3. Compliance with all applicable law, rules, & regulations

- a. A Renter shall comply with all local, state, and federal laws and regulations related to the use of the facility and public gatherings.
- b. The Renter agrees to abide by all applicable local, federal, and state accessibility standards and regulations.
- c. The Renter further agrees that it is solely responsible for reviewing and ensuring compliance with all applicable public health rules, regulations, orders, and/or guidance in effect at the time of the use of the facility including, but not limited to, physical distancing, limits on the size of gatherings, use of appropriate sanitation practices, etc.
- d. GVRD reserves the right to immediately revoke Renter's right to use of the facility under this agreement should Renter fail to comply with any provision of this section.

4. Force Majeure

Notwithstanding anything to the contrary contained in this agreement, GVRD shall be excused from its obligations under this agreement to the extent and whenever it shall be prevented from the performance of such obligations by any Force Majeure Event. For purposes of this agreement, a "Force Majeure Event" includes but is not limited to fires, floods, earthquakes, pandemic, epidemic, civil disturbances, acts of terrorism, regulation of any public authority, and other causes beyond their control. The Renter waives any right of recovery against GVRD, and the Renter shall not charge results of "acts of God" to GVRD, its officers, employees, or agents.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date

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 Agent or Broker's information	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
	INSURER'S INFORMATION INSURER(S) AFFORDING COVERAGE:		NAIC #
INSURED Renter's information listed on the GVRD Facility Permit	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Host or Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Same Policy Number as Endorsements			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ Follow requirements provided. PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$						
	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						Follow requirements provided.			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$									Required only if renter has employees			EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A											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 (more space is required))

Date of event, type of event, name & address of facility.

SAMPLE

CERTIFICATE HOLDER**CANCELLATION**

Greater Vallejo Recreation District, its Directors, the City of Vallejo, Officers, Agents, Volunteers, and Employees
 395 Amador Street, Vallejo, CA 94590

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 10 DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAME TO THE LEFT.

AUTHORIZED REPRESENTATIVE

Authorized representative to sign on behalf of the company.

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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):

**Greater Vallejo Recreation District, its Directors, the City of Vallejo,
Officers, Agents, Volunteers, and Employees.**

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

A. 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:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

SAMPLE

ONLY REQUIRED IF RENTER HAS EMPLOYEES

POLICY NUMBER: **Same as Certificate of Liability Insurance** COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

**Greater Vallejo Recreation District, its Directors, the City of Vallejo,
Officers, Agents, Volunteers, and Employees.**

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

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

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.

SAMPLE