



City of Healdsburg

Community Services Department
401 Grove Street
Healdsburg, CA 95448
(707) 431-3301/Fax 431-2852

Facility Use Insurance Requirements

The City of Healdsburg insurance carriers require a Certificate of Insurance with an endorsement naming the City of Healdsburg as additional insured. The term must be for one year with a minimum \$1 million general aggregate. Some events may require a \$2 million aggregate limit. The type should be by occurrence unless the risk manager grants approval.

1. ENDORSEMENT: The endorsement must name the City of Healdsburg, its officers, officials, caretakers, employees and volunteers as additional insured by endorsement concerning use of facilities for any functions, meetings and fundraising events.

2. INSURANCE RATING: A minimum financial rating of the insurance carrier must be Best Rating of A:VII or better (A.M. Best & Co.), unless approved in writing by the Risk Manager.

3. FORMS: Attached is a sample of a certificate and endorsement for you to give to your insurance carrier. This should be done immediately so that current or future events will be properly covered.

4. QUESTIONS: If you have any questions please contact Lori Moore, City of Healdsburg Community Services Dept. (431-3303). The City of Healdsburg belongs to the Redwood Empire Municipal Insurance Fund (REMIF). Procedures and insurance requirements are administered by this membership fund with other member and associate member municipalities.

Minimum Requirements Summary

- 1. Type: By Occurrence**
- 2. Aggregate Limit: \$1 million minimum**
- 3. Quality of Company: A. M. Best & Co Rating A:VII or better.**
- 4. Certificate of Insurance: Naming City of Healdsburg**
- 5. Endorsement Naming: City of Healdsburg, its officers, officials, caretakers, employees and volunteers.**

INSURER
POLICY NO:
ENDORSEMENT NO:

ISO FORM CG 20 11 01 96 (MODIFIED)
COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

1. Designation of Premises (Part Leased to You):
2. Name of Person or Organization (ADDITIONAL INSURED):
3. Additional Premium:

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

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions.

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

Modifications to ISO for CG 20 11 01 96

1. The insured scheduled above includes the insured's elected or appointed officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Entity.

Signature-Authorized Representative

Address

INSURER
97(MODIFIED)
POLICY NO:
ENDORSEMENT NO:

ISO FORM CG 20 10 03
COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Organization:

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

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of your ongoing operations performed for that insured.

Modifications to ISO for CG 20 10 03 97

1. The insured scheduled above includes the insured's elected or appointed officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Entity.
4. Coverage shall not extend to any indemnity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under Subdivision (b) of Section 2782 of the Civil Code.

Signature-Authorized Representative

Address

CG 20 10 03 97 Insurance Services Office, Inc. Form (Modified)

Revised 7/00

J-40

INSURER
POLICY NO:
ENDORSEMENT NO:

ISO FORM CG 20 10 11 85 (MODIFIED)
COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

J-40a

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Organization:

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

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of “your work” performed for that insured.

Modifications to ISO for CG 20 10 11 85:

1. The insured scheduled above includes the insured’s elected or appointed officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured’s scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Entity.
4. Coverage shall not extend to any indemnity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under Subdivision (b) of Section 2782 of the Civil Code.

Signature-Authorized Representative

Address

**CERTIFICATE OF INSURANCE
CITY OF HEALDSBURG**

ISSUE DATE (MM/DD/YYYY)

PRODUCER

THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANY LETTER	COMPANIES	BEST'S RATING
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____
E	_____	_____

INSURED

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOURTH 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> OTHER _(host liquor liability)_				GENERAL AGGREGATE	\$ _____
					PRODUCTS-COMP/OPS AGGREGATE	\$ _____
					PERSONAL & ADVERTISING INJURY	\$ _____
					EACH OCCURRENCE	\$ _____
					FIRE DAMAGE (ANY ONE FIRE)	\$ _____
					MEDICAL EXPENSE (Any One Person)	\$ _____
	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 <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$ _____
					BODILY INJURY (PER PERSON)	\$ _____
					BODILY INJURY (PER ACCIDENT)	\$ _____
					PROPERTY DAMAGE	\$ _____
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA FORM					
					EACH OCCURRENCE	\$ _____
					AGGREGATE	\$ _____
	<input type="checkbox"/> WORKER'S COMPENSATION & EMPLOYER'S LIABILITY				STATUTORY	\$ _____
					EACH ACCIDENT	\$ _____
					DISEASE-POLICY LIMIT	\$ _____
					DISEASE-EACH EMPLOYEE	\$ _____
	PROPERTY INSURANCE <input type="checkbox"/> COURSE OF CONSTRUCTION				AMOUNT OF INSURANCE	\$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

THE FOLLOWING PROVISIONS APPLY:

- None of the above-described policies will be canceled until after 30 days' written notice has been given to the City at the address indicated below.
- The City, its officials, officers, employees and volunteers are added as insureds on all liability insurance policies listed above.
- It is agreed that any insurance or self-insurance maintained by the City will apply in excess of and not contribute with, the insurance described above.
- The City is named a loss payee on the property insurance policy described above, if any.
- All rights of subrogation under the property insurance policy listed above have been waived against the City.
- The worker's compensation insurer named above, if any, agrees to waive all rights of subrogation against the City for injuries to employees of the insured resulting from work for the City or use of the City's premises or facilities.

CERTIFICATE HOLDER / ADDITIONAL INSURED
 CITY OF HEALDSBURG
 ATTN: LORI MOORE
 401 GROVE STREET
 HEALDSBURG, CA 95448
 (707) 431-3303: FAX (707) 431-3172

AUTHORIZED REPRESENTATIVE
 SIGNATURE (original signature) _____
 TITLE _____
 PHONE NO. _____