



INSURANCE REQUIREMENTS

City of Pasadena INSURANCE

Name of Co: _____

Project Title: _____

1. PLEASE PROVIDE THE BELOW LISTED DOCUMENTS TO YOUR PROJECT MANAGER.
2. PLEASE SUBMIT THESE IN ONE (1) PACKAGE WHEN YOU HAVE ALL DOCUMENTS IN HAND, ALONG WITH THIS CHECK LIST, BECAUSE THEY WILL BE FORWARDED OVER AS A GROUP TO OUR RISK MANAGER FOR APPROVAL:

Include on one or two Acord forms with the coverage limits, policy numbers, and dates for:

- A. **General Liability:** Combined Single Limit of \$1,000,000 per occurrence.
- Additional Insured Endorsement form(s)** Naming as Additional Insured "City of Pasadena, its Council Members, Commissioners, officers, employees and agents."
Please provide either this: CG 20 10 11 85;
- or both of these forms CG 20 10 XX XX (for *ongoing* operations) AND
 CG 20 37 XX XX (for *completed* operations).
- Endorsement Waiver of the Right of Subrogation for General Liability** against the City of Pasadena.
- Coverage XCU is required if applicable
- B. **Auto Liability:** \$100,000 combined single limits unless vehicles are not involved.
- Additional Insured Endorsement form(s)** Naming as Additional Insured "City of Pasadena, its Council Members, Commissioners, officers, employees and agents."
- Endorsement Waiver of the Right of Subrogation for General Liability** against the City of Pasadena.
- C. **Worker's Comp** in statutory amounts. A separate certificate may be submitted. The City need not be named as additional insured.
- Endorsement Waiver of the Right of Subrogation for Worker's Comp** against the City of Pasadena.

Note: The Specification or Request for Insurance may be amended by the City, to require less or greater requirements depending on the potential risk involved.

Note: The City does not rent props, equipment or wardrobe, so indemnifying the City for just these items and not the general operations of the named insured will result in a rejection of the certificate (s).

OTHER CRITICAL INCLUSIONS:

The City of Pasadena shall be given 30 days written notice of cancellation or material change. The certificate submitted will not be approved if it contains "best effort" modifiers or if it relieves the insurer from responsibility for failure to give notice.

SAMPLE INSURANCE CERTIFICATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/13/2016

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 Broker Name Broker License # Broker Address City CA Zip Code	CONTACT NAME: Broker's Representative Name PHONE (Area, Ext.) XXX-XXX-XXXX Ext. XXXXX FAX (Area, Ext.) XXX-XXX-XXXX E-MAIL ADDRESS: xxxxxxxxxxxxxxxx@xxxxxxxxxxxxx.com INSURER(S) AFFORDING COVERAGE <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: XXXXXXXXXXXXXXXX</td> <td style="width: 20%;">XXXX</td> </tr> <tr> <td>INSURER B: XXXXXXXXXXXXXXXX</td> <td>XXXX</td> </tr> <tr> <td>INSURER C: XXXXXXXXXXXXXXXX</td> <td>XXXX</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: XXXXXXXXXXXXXXXX	XXXX	INSURER B: XXXXXXXXXXXXXXXX	XXXX	INSURER C: XXXXXXXXXXXXXXXX	XXXX	INSURER D:		INSURER E:		INSURER F:	
INSURER A: XXXXXXXXXXXXXXXX	XXXX												
INSURER B: XXXXXXXXXXXXXXXX	XXXX												
INSURER C: XXXXXXXXXXXXXXXX	XXXX												
INSURER D:													
INSURER E:													
INSURER F:													
INSURED Company/Vendor Name Address Address 2 City CA Zip Code													

COVERAGES CERTIFICATE NUMBER: XXXXXXXXXXXXXXXXXXXX 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

OVER	TYPE OF INSURANCE	ADDC. BARR.	INSTR. MAND.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXXXXXXXXXX	07/01/2016	08/30/2017	EACH OCCURRENCE \$ 1,000,000.00 MEDICAL BENEFIT \$ MED EXP (Per Occurrence) \$ PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ X,XXX,XXX.00 PRODUCTS COMPOUND \$ 1,000,000.00
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXXXXXXXXXX	07/01/2016	05/30/2017	COVERED SINGLE LIMIT (Per Occurrence) \$ 1,000,000.00 BODILY INJURY (Per Person) \$ 1,000,000.00 BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per Occurrence) \$ 1,000,000.00
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> UCCUR <input checked="" type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXXXXXXXXXX	07/01/2016	08/30/2017	EACH OCCURRENCE \$ X,XXX,XXX.00 AGGREGATE \$ X,XXX,XXX.00
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROFESSIONAL PARTNER/EXECUTIVE OFFICER EXCLUDED? (Mandatory in MI) If yes describe under DESCRIBED OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXXXXXXXXXX	07/01/2016	06/30/2017	<input checked="" type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER P.L. EACH ACCIDENT \$ 1,000,000.00 P.L. DISABILITY - CA EMPLOYER \$ 1,000,000.00 P.L. DISABILITY - POLICY LIMIT \$ 1,000,000.00
	Any Other Applicable Coverages	<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXXXXXXXXXX	07/01/2016	06/30/2017	Applicable Policy Limits

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)
 Location of shoot work to be performed, equipment and vehicles to be used

CERTIFICATE HOLDER City of Pasadena 100 N. Garfield Avenue Pasadena CA 91101	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 Signature of Broker's Authorized Representative
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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

<p>Name Of Additional Insured Person(s) Or Organization(s): City of Pasadena, It's Council Members, Commissioners, Officers, Employees, and Agenis 100 N. Garfield Ave Pasadena, CA 91109</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

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 shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER: XXXX

COMMERCIAL GENERAL LIABILITY
XXXX

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:

City of Pasadena, It's Council Members, Commissioners, Officers, Employees, and Agents 100 N. Garfield Ave Pasadena, CA 91109

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.