## TUSD Insurance Sample Requirement for Facility Use



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)	

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(les) 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). CONTACT NAME: PRODUCER PHONE (A/G, No, Ext): E-MAIL FAX (A/C, No): ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: INSURER B Your organization name and address INSURER C (Must match facility use Civic Permit account and proof of Non-Profit if applicable) 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS **GENERAL LIABILITY EACH OCCURRENCE** \$ 1,000,000 Required Policy Number DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY 100,000 X CLAIMS-MADE X OCCUR MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY \$ 1,000,000 \$ 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 1,000,000 PRO-SAMPLE POLICY S COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB **OCCUR EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE 5 DED RETENTION\$ S WORKERS COMPENSATION TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT NIA OFFICE/MEMBER EXCLUDED? (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$ f ves, describe under E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Tracy Unified School District, its Officers, Officials, Employees, Agents and Volunteers are included as additional insured with respect to facility use by the above captioned insured on any school property for the duration of policy period. Coverage provided herein is primary and noncontributory to any insurance TUSD may have. **CERTIFICATE HOLDER** CANCELLATION Tracy Unified School District 1875 W. Lowell Avenue SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Tracy, CA 95376 ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE** 

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Signature

POLICY NUMBER:

Policy # matches # on certificate

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:

Tracy Unified School District 1875 W. Lowell Ave Tracy, CA 95376

(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.