

OUHSD SAMPLE CERTIFICATE OF LIABILITY INSURANCE



K&SCO-1 OP ID: KW

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

DATE OF CERTIFICATE

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

INSURANCE COMPANY NAME, AGENT LICENSE, AGENT ADDRESS AND AGENT NAME

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS: k

AGENT NAME, PHONE & EMAIL

FAX (A/C, No):

AGENT FAX #

INSURED

ORGANIZATION'S NAME, DBA NAME AND ADDRESS

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A

INSURER B

INSURER C

INSURER D

INSURER E :

INSURER F :

INDICATE ALL COMPANIES PROVIDING COVERAGE

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS COVERAGE IS AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES AND HAVE BEEN REDUCED BY PAID CLAIMS.

MUST INDICATE OCCURRENCE

INSR	TYPE OF INSURANCE	ADDL	SUBK	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X			06/25/2015	06/25/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> LOC						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS						
	UMBRELLA LIAB EXCESS LIAB						MINIMUM LIABILITY \$2,000,000 PER OCCURRENCE AND \$4,000,000 AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Abuse and Molestation	Y/N	N/A	PEWC552790	03/23/2015	03/23/2016	X WC STATUS-LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000

POLICY NUMBER

EFFECTIVE DATES MUST SPAN DATES OF EVENT (Duration of School Year)

MINIMUM LIABILITY \$2,000,000 PER OCCURRENCE AND \$4,000,000 AGGREGATE

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

TYPE A BRIEF DESCRIPTION OF THE ACTIVITY/EVENT YOUR ORGANIZATION IS HAVING AT OUR FACILITIES AND INCLUDE THE SCHOOL SITE ADDRESS

MUST BE INCLUDED AS SHOWN (SEE SAMPLE PAGE 2) ADDITIONAL INSURED IS ALSO REQUIRED

CERTIFICATE HOLDER

Oxnard Union High School District
its officers, agents, employees, board members,
and/or volunteers
309 South K Street
Oxnard, CA 93030

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

DOCUMENT MUST BE SIGNED

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Must Include Complete Policy Number

POLICY NUMBER:PK201400003579

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

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)
<p>Oxnard Union High School District, Its Officers, Agents, Employees, Board Members, and/or Volunteers 309 South K Street, Oxnard, CA 93030</p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Must Include All Language

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:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.