



CITY OF BURBANK
Parks and Recreation Department
Administration
150 N. Third Street, Burbank, CA 91502
www.burbankca.gov

Dear Applicant:

The Burbank City Council has established a policy regarding the indemnification that the City should require from organizations, groups or individuals for their permitted use of City facilities.

A certificate evidencing a policy of liability insurance must be furnished showing coverage in the amount of \$1,000,000 combined single limit. In addition to a Certificate of Insurance, a **separate** additional insured endorsement to the insurance policy is required. The separate endorsement must be in a form acceptable to the City Attorney's Office (*see enclosed Additional Insured Endorsement - Permits*), **signed by an authorized representative of the insurance company and policy numbers of both the Certificate and Additional Insured Endorsement Form must match exactly.**

For all inquiries into this manner, please contact the Reservation Clerk in the Parks and Recreation Department Administrative Office which is located on the third floor of the Community Services Building, or call (818) 238-5300.

IMPORTANT-PLEASE NOTE:

- ◆ In the event your group has been approved for alcohol usage at Robert Gross Park, an alcohol provision (host liquor) must be included on your certificate.
- ◆ If you are mailing your paperwork for a Facilities Permit or an event through the Parks and Recreation Department, please ensure this department's name is clearly shown in order to avoid misdirection to another City department. If you would like to fax both sheets, our number is (818) 238-5321.
- ◆ If we do not receive the separate endorsement (*Additional Insured Endorsement - Permits* or a CG2012) with your certificate, your request will not be processed and your event may be delayed/postponed.

Just a reminder: Please remember to verify that your policy numbers match on all pages, that the combined single limit is at least \$1,000,000 and that both pages are signed by the authorized representative at the insurance company. These have been the most commonly overlooked details in the past that have resulted in declined paperwork.

Sincerely,

Parks and Recreation Department

Andrea Del Rio
Reservation Clerk

S A M P L E



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

provide current 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		CONTACT NAME:	
INSURANCE COMPANY INFORMATION		PHONE (A/C No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : INSURANCE COMPANY INFORMATION	
INSURED		INSURER B :	
PROVIDE VENDOR INFORMATION		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
				PROVIDE POLICY NUMBER	EFF DATE	EXP DATE	PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

OPTIONAL: A DESCRIPTION OF SERVICE PROVIDED

*IF DATE NOT SPECIFIED, CERTIFICATE WILL BE CONSIDERED FOR BLANKET PERIOD

*IF EVENT DATE IS SPECIFIED CERTIFICATE WILL NOT BE CONSIDERED A BLANKET

*FOR ALCOHOL PERMIT MUST NOTE: ALCOHOL APPROVED AND EVENT DATE

CERTIFICATE HOLDER

CANCELLATION

CITY OF BURBANK
275 E. OLIVE AVE.
BURBANK CA 91502

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

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 12 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE**State Or Governmental Agency Or Subdivision Or Political Subdivision:**

The City of Burbank,
its officers, employees, agents and representatives,
275 E. Olive Ave Burbank CA 91502

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 any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

- 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.

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ADDITIONAL INSURED ENDORSEMENT (PERMITS)**INSURANCE COMPANY:** REFER TO CERTIFICATE OF LIABILITY

This endorsement amends and modifies such insurance as is afforded by the provisions of

Policy No. REFER TO CERTIFICATE OF LIABILITY relating to the following:

1. The City of Burbank, 275 East Olive Ave., Burbank, CA 91502, its officers, employees, agents and representatives (collectively the "City") are named as additional insured's") with regard to liability and defense of suits with respect to operations performed by the insured or on their behalf for which the City has issued a permit. This insurance does not apply to (a) "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of operations performed for the City; or (b) "bodily injury" or "property damage" included within the "products-completed operations hazard."
2. With respects to claims arising out of the operations and uses performed by or on behalf of the named insured for which the City has issued a permit, such insurance as is afforded by this policy is primary and is not additional to or contributing with any other insurance carried by or for the benefit of the additional insured's.
3. This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company's limits of liability. The inclusion of any person or organization as an insured shall not affect any right which such person or organization would have as claimant if not so included.
4. With respect to the additional insured, this insurance shall not be cancelled, or materially reduced in coverage or limits except after thirty (30) days written notice has been given to the City of Burbank, Park, Recreation & Community Services Department, 150 N. Third St., 3rd Floor, Burbank, CA 91502.

(Completion of the following, including countersignature, is required to make this endorsement effective.)**Effective** PROVIDE CURRENT DATE, this endorsement forms a part of**Policy No.** REFER TO CERTIFICATE OF LIABILITY**Issued to:** REFER TO CERTIFICATE OF LIABILITY**Named Insured****COUNTERSIGNED BY:** SIGNATURE OF REPRESENTATIVE FROM INSURANCE COMPANY**Printed Named:** NAME**Title:** TITLE**Insurance Company Name:** REFER TO CERTIFICATE OF LIABILITY

S A M P L E

ADDITIONAL INSURED ENDORSEMENT (PERMITS)

INSURANCE COMPANY: _____

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Policy No. _____ relating to the following:

1. The City of Burbank, 275 East Olive Ave., Burbank, CA 91502, its officers, employees, agents and representatives (collectively the "City") are named as additional insured's") with regard to liability and defense of suits with respect to operations performed by the insured or on their behalf for which the City has issued a permit. This insurance does not apply to (a) "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of operations performed for the City; or (b) "bodily injury" or "property damage" included within the "products-completed operations hazard."
2. With respects to claims arising out of the operations and uses performed by or on behalf of the named insured for which the City has issued a permit, such insurance as is afforded by this policy is primary and is not additional to or contributing with any other insurance carried by or for the benefit of the additional insured's.
3. This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company's limits of liability. The inclusion of any person or organization as an insured shall not affect any right which such person or organization would have as claimant if not so included.
4. With respect to the additional insured, this insurance shall not be cancelled, or materially reduced in coverage or limits except after thirty (30) days written notice has been given to the City of Burbank, Park, Recreation & Community Services Department, 150 N. Third St., 3rd Floor, Burbank, CA 91502.

(Completion of the following, including countersignature, is required to make this endorsement effective.)

Effective _____, this endorsement forms a part of

Policy No. _____

Issued to: _____
Named Insured

COUNTERSIGNED BY: _____

Printed Named: _____ Title: _____

Insurance Company Name: _____