



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 will **only** be accepted by the City Attorney's Office in the following form: the enclosed *Additional Insured Endorsement – Permits* form **or** a CG2012. The *Additional Insured Endorsement – Permits* form must be **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

Lupe Meza
Reservation Clerk

ADDITIONAL INSURED ENDORSEMENT (PERMITS)

INSURANCE COMPANY: _____

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

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, Parks & Recreation 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: _____



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:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
PLEASE PROVIDE INSURANCE COMPANY INFORMATION		
INSURED	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	INSURANCE COMPANY INFORMATION
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 123456 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. SUBR INSR 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	<input checked="" type="checkbox"/>	PROVIDE POLICY NUMBER	EFF DATE	EXP DATE	DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER					PERSONAL & ADV INJURY \$
<input checked="" type="checkbox"/>	POLICY					GENERAL AGGREGATE \$ 1,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COM/OP AGG \$
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	HIRED AUTOS					BODILY INJURY (Per accident) \$
	UMBRELLA LIAB					PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB					EACH OCCURRENCE \$
	DED					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$
						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: PROVIDE A DESCRIPTION OF SERVICE PROVIDED

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

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

REQUIRED: FOR ALCOHOL - PLEASE NOTE: ALCOHOL APPROVED AND EVENT DATE

CERTIFICATE HOLDER	CANCELLATION
CITY OF BURBANK 275 EAST 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

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