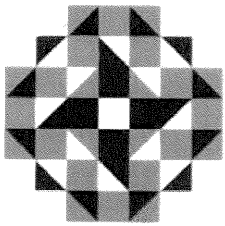


## **Large Theater Rental**

Accord Certificate Sample  
Required City Endorsement Forms



# Provide this packet to your insurance broker/agent

## Liability Insurance Requirements for Facility Rentals

### Theater Rental, Sierra Conference Rooms, Sierra Theater, Associates Room, Grand Lobby, and Garden Courtyard

All rental clients of the Center must, at their own expense, maintain comprehensive general liability and business automobile insurance which names the CCPA/City additionally insured. The required liability limits is based on the rental room/area you reserve. Evidence of insurance must be received by the CCPA at least 30 days prior to the rental event.

## Liability Insurance Guidelines

- Events, which take place in a **Sierra Conference Room, the Sierra Theater, Associates Room, Lobby and Garden Courtyard**, may purchase the required liability insurance through the City by calling the City's Risk Management Office at 562.916.1322. A completed Rental Agreement from the CCPA is required to purchase the insurance. The original certificate of liability coverage provided by the Risk Management Office must be returned to the CCPA.
- In lieu of purchasing insurance from the City, you may purchase insurance from your own broker for the **Sierra Conference Room, the Sierra Theater, Associates Room, Lobby and Garden Courtyard**. Your insurance must include:
  1. Commercial General Liability: \$1million/occurrence, CSL with a \$2 million aggregate.
  2. Business Automobile Liability: \$1 million combined single limit.
  3. The "City of Cerritos, its elected officials, officers, agents, volunteers and representatives named as additionally insured."
  4. The insurer must waive their right to subrogation.
  5. The policies must be primary and non-contributory.
  6. The policies require 30 days notice for cancellation.
  7. Proof of insurance will require:
    - A completed Accord certificate ([sample attached](#))
    - Completed City endorsement forms ([attached](#))
- In lieu of purchasing insurance from the City, you may purchase insurance from your own broker for the **Theater**. Your insurance must include:
  1. Commercial General Liability: \$5 million/occurrence, CSL.
  2. Business Automobile Liability: \$5 million combined single limit.
  3. The "City of Cerritos, its elected officials, officers, agents, volunteers and representatives named as additionally insured."
  4. The insurer must waive their right to subrogation.
  5. The policies must be primary and non-contributory.
  6. The policies require 30 days notice for cancellation.
  7. Proof of insurance will require:
    - A completed Accord certificate ([sample attached](#))
    - Completed City endorsement forms ([attached](#)).
- Workers Compensation coverage shall be in accordance with the statutory requirements of the State of California.
- The Accord certificate and City endorsement forms should be returned to the City of Cerritos.
- **Your reservation will not be confirmed until the completed Accord certificate and required City endorsement forms are reviewed and approved by the City.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
(Complete)

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  (Complete)	CONTACT NAME: (Complete)	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : (Complete)	NAIC #
INSURED  (Complete)	INSURER B :	
	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
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			(Complete)	(Complete)	(Complete)	EACH OCCURRENCE \$ 1 million DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1 million GENERAL AGGREGATE \$ 2 million PRODUCTS - COMP/OP AGG \$ 1 million
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			(Complete)	(Complete)	(Complete)	COMBINED SINGLE LIMIT (Ea accident) \$ 1 million BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 4 million AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		N/A	Complete if required by CA	(Complete)	(Complete)	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1 million 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)**

- 1- City of Cerritos, their elected officials, officers, employees, agents, volunteer and representatives are name additional insured
- 2- Contribution by the City is not required
- 3- Insured's insurance applies separately
- 4- Subrogation waiver
- 5- 10 day cancellation notice

**CERTIFICATE HOLDER****CANCELLATION**

City of Cerritos c/o CCPA Attn: Human Resources 18125 Bloomfield Avenue Cerritos CA 90703	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 (Sign)

**GENERAL LIABILITY SPECIAL ENDORSEMENT  
FOR THE CITY OF CERRITOS (the "City")**

ENDORSEMENT NO. \_\_\_\_\_

ISSUE DATE (MM/DD/YY) \_\_\_\_\_

PRODUCER

POLICY INFORMATION:

Insurance Company:  
Policy No.:  
Policy Period: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Telephone: \_\_\_\_\_

NAMED INSURED

Deductible/Retention of \$ \_\_\_\_\_

**APPLICABILITY** this insurance pertains to the operations, products and/or tenancy of the named insured under all written agreements in force with the City unless checked here  in which case only the following specific agreements with the City are covered:

**TYPE OF INSURANCE**

CITY AGREEMENTS

- COMMERCIAL GENERAL LIABILITY     Claims Made  
 \_\_\_\_\_     Occurrence

**OTHER PROVISIONS**

**COVERAGES**

- GENERAL  
 PRODUCTS/COMPLETED OPERATIONS  
 PERSONAL & ADVERTISING INJURY  
 FIRE DAMAGE  
 \_\_\_\_\_  
 \_\_\_\_\_

LIABILITY LIMITS

EACH OCCURRENCE	AGGREGATE

Underwriter's representative for claims pursuant to this insurance.

**CLAIMS:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, insurance company agrees as follows:

- INSURED.** The City, its officers, agents, employees and volunteers are included as insureds with regard to liability and defense of suits arising from the operations, products and activities performed by or on behalf of the named insured.
- CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the named insured for or on behalf of the City; or (b) products sold by the named insured to the City; or (c) premises leased by the named insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its officers, agents, employees or volunteers; or stand in an unbroken chain of coverage excess of the named insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the City, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.
- SEVERABILITY OF INTEREST.** 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 a claimant if not so included.
- SUBROGATION WAIVER.** The insurer waives the right to subrogation against City, its elected officials, officers, employees, agents, volunteer and representatives.
- CANCELLATION NOTICE.** With respect to the interests of the City, this insurance shall not be canceled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City.
- PROVISIONS REGARDING THE INSURED'S DUTIES.** Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City, its officers, agents, employees or volunteers.
- SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
  - Insurance Services Office Commercial General Liability Coverage, "occurrence" form CG0001;

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached.

**ENDORSEMENT HOLDER**

CITY OF CERRITOS  
c/o CCPA  
Attn: Technical Administrator  
12700 Center Court Drive  
Cerritos, CA 90703

AUTHORIZED REPRESENTATIVE

Broker/Agent     Underwriter     \_\_\_\_\_

I \_\_\_\_\_ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.

Signature \_\_\_\_\_  
(original signature required)

Telephone: (\_\_\_\_) \_\_\_\_\_ Date Signed \_\_\_\_\_

**EXCESS GENERAL LIABILITY SPECIAL  
ENDORSEMENT  
FOR THE CITY OF CERRITOS (the "City")**

ENDORSEMENT NO.

ISSUE DATE (MM/DD/YY)

PRODUCER

Telephone:

POLICY INFORMATION:

Insurance Company:  
Policy No.:  
Policy Period: (from) (to)

NAMED INSURED

Deductible/Retention of \$ \_\_\_\_\_

**APPLICABILITY** this insurance pertains to the operations, products and/or tenancy of the named insured under all written agreements in force with the City unless checked here  in which case only the following specific agreements with the City are covered:

CITY AGREEMENTS

**TYPE OF INSURANCE**

GENERAL LIABILITY

COMMERCIAL GENERAL LIABILITY  
 \_\_\_\_\_

Claims Made  
 Occurrence

**OTHER PROVISIONS**

**COVERAGES**

GENERAL  
 PRODUCTS/COMPLETED OPERATIONS  
 PERSONAL & ADVERTISING INJURY  
 FIRE DAMAGE  
 \_\_\_\_\_  
 \_\_\_\_\_

LIABILITY LIMITS

EACH OCCURRENCE	AGGREGATE

Underwriter's representative for claims pursuant to this insurance.

**CLAIMS:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, insurance company agrees as follows:

- INSURED.** The City, its officers, agents, employees and volunteers are included as insureds with regard to liability and defense of suits arising from the operations, products and activities performed by or on behalf of the named insured.
- CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the named insured for or on behalf of the City; or (b) products sold by the named insured to the City; or (c) premises leased by the named insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its officers, agents, employees or volunteers; or stand in an unbroken chain of coverage excess of the named insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the City, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.
- SEVERABILITY OF INTEREST.** 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 a claimant if not so included.
- SUBROGATION WAIVER.** The insurer waives the right to subrogation against City, its elected officials, officers, employees, agents, volunteer and representatives.
- CANCELLATION NOTICE.** With respect to the interests of the City, this insurance shall not be canceled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City.
- PROVISIONS REGARDING THE INSURED'S DUTIES.** Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City, its officers, agents, employees or volunteers.
- SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
  - If excess, affords coverage which is at least as broad as the primary insurance form CG00001.

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached.

**ENDORSEMENT HOLDER**

CITY OF CERRITOS  
c/o CCPA  
Attn: Technical Administrator  
12700 Center Court Drive  
Cerritos, CA 90703

AUTHORIZED REPRESENTATIVE

Broker/Agent  Underwriter  \_\_\_\_\_

I \_\_\_\_\_ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.

Signature \_\_\_\_\_  
(original signature required)

Telephone: (\_\_\_\_) \_\_\_\_\_ Date Signed \_\_\_\_\_

**AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT  
FOR THE CITY OF CERRITOS (the "City")**

ENDORSEMENT NO. \_\_\_\_\_

ISSUE DATE (MM/DD/YY) \_\_\_\_\_

PRODUCER

Telephone: \_\_\_\_\_

**POLICY INFORMATION:**

Insurance Company:  
Policy No.:  
Policy Period: (from) \_\_\_\_\_ (to) \_\_\_\_\_

NAMED INSURED

Deductible/Self-Insured Retention of \$ \_\_\_\_\_

**APPLICABILITY** this insurance pertains to the operations, products and/or tenancy of the named insured under all written agreements in force with the City unless checked here  in which case only the following specific agreements with the City are covered:

CITY AGREEMENTS

**TYPE OF INSURANCE**

- COMMERCIAL AUTO POLICY
- BUSINESS AUTO POLICY
- OTHER

**OTHER PROVISIONS**

**LIMIT OF LIABILITY**

\$ \_\_\_\_\_ per accident, for bodily injury and property damage.

**CLAIMS:** Underwriter's representative for claims pursuant to this insurance.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, insurance company agrees as follows:

1. **INSURED.** The City, its officers, agents, employees and volunteers are included as insureds with regard to liability and defense of suits arising from the operations, products and activities performed by or on behalf of the named insured.
2. **CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the named insured for or on behalf of the City; or (b) products sold by the named insured to the City; or (c) premises leased by the named insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its officers, agents, employees or volunteers; or stand in an unbroken chain of coverage excess of the named insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the City, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.
3. **SEVERABILITY OF INTEREST.** 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 a claimant if not so included.
4. **SUBROGATION WAIVER.** The insurer waives the right to subrogation against City, its elected officials, officers, employees, agents, volunteer and representatives.
5. **CANCELLATION NOTICE.** With respect to the interests of the City, this insurance shall not be canceled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City.
6. **PROVISIONS REGARDING THE INSURED'S DUTIES.** Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City, its officers, agents, employees or volunteers.
7. **SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:  
The coverage described in Insurance Services Office Form Number CA 0001 (Ed. 12/93) covering Automobile Liability, Code 1 "any auto", or Code 2 "owned autos" and Endorsement CA 0025. Coverage shall also include Code 8 "hired autos" and Code 9 "nonowned autos".

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached.

**ENDORSEMENT HOLDER**

CITY OF CERRITOS  
c/o CCPA  
Attn: Technical Administrator  
12700 Center Court Drive  
Cerritos, CA 90703

**AUTHORIZED REPRESENTATIVE**

Broker/Agent  Underwriter  \_\_\_\_\_

I \_\_\_\_\_ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.

Signature \_\_\_\_\_  
(original signature required)

Telephone: (\_\_\_\_) \_\_\_\_\_ Date Signed \_\_\_\_\_