



TOWN OF LOS GATOS
PARKS AND PUBLIC WORKS
(408) 399-5781

PARKSRESERVATIONS@LosGatosCa.gov

INSURANCE REQUIREMENTS

CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE HOLDER

Town of Los Gatos, 41 Miles Avenue, Los Gatos, CA 95030.

DESCRIPTION OF OPERATIONS

Town of Los Gatos, its officers, officials, employees and volunteers are named Additional Insured under this policy, as per attached endorsement as respects all operations of the Named Insured on a primary and non-contributory basis.

ENDORSEMENT

SEPARATE ENDORSEMENT FOR REQUIRED ADDITIONAL INSURED

Must include: policy number, date, insured, agency, and code.

NAME OF PERSON OR ORGANIZATION

It is hereby agreed that the Town of Los Gatos, its officers, officials, employees and volunteers are named as additional insured under this policy.

PRIMARY WORDING

The primary wording is usually located on the endorsement but is sometimes found in the description box on the certificate. It must be located somewhere in the insurance documents and must say something similar to the following:

"The insurance coverage extended under this endorsement is PRIMARY and will not seek contribution from any other insurance available to the organization or persons shown in the schedule. The Town of Los Gatos will not be responsible for providing insurance for indemnification or defense of the contractor / developer as part of this project / contract."

Samples of acceptable language and forms are attached.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
ENTER DATE

PRODUCER Name of insurance broker	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Vendor Name and Address (Should match name on contract, requisition, or purchase order)	INSURER A: NAME OF INSURANCE CARRIER	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	policy number	effective date	expiration date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	policy number	effective date	expiration date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	policy number	effective date	expiration date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Professional Liability Errors and Omissions				enter amount if required by contract

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Town of Los Gatos, its officers, officials, employees, agents, and volunteers are named Additional Insured under the General Liability policy as per the attached endorsement as respects all operations of the Named Insured on a primary and non contributory basis.

A SEPARATE ADDITIONAL INSURED ENDORSEMENT MUST BE ATTACHED TO THE INSURANCE CERTIFICATE.

CERTIFICATE HOLDER

Town of Los Gatos
 Attention: PPW
 41 Miles Avenue
 Los Gatos, CA 95030
 parksreservations@losgatosca.gov

CANCELLATION

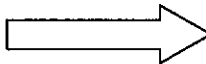
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

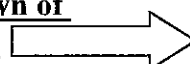
SAMPLE ENDORSEMENT

An Additional Insured Endorsement form must accompany the Certificate of Liability Insurance.

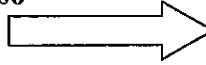
**1. Policy No. must match certificate.
2. Must list the Insured's Name as listed on Certificate.**



Name of Person or Organization: The Town of Los Gatos, its officers, officials, agents, employees, and volunteers are named Additional Insured under the General Liability Policy as respects all operations of the Named Insured on a primary & noncontributory basis.



Endorsement must also state that coverage afforded by the endorsement shall apply as Primary (wording may vary).



POLICY NUMBER: XXXXXXXXXXXX COMMERCIAL GENERAL LIABILITY
INSURED: XXXXXX XXXX XXXXXXXXX
THIS ENDORSEMENT CHANGES THE POLICY. PLEAES READ IT CAREFULLY.

ADDITIONAL INSURED – Endorsement

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART. SCHEDULE

Name of Person or Organization: The Town of Los Gatos, its officers, officials, agents, employees, and volunteers are named Additional Insured under the General Liability Policy as respects all operations of the Named Insured on a primary & non-contributory basis.

(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, but only with respect to liability arising out of your ongoing operations performed for that insured.

PRIMARY INSURANCE

The insurance coverage extended under this endorsement is PRIMARY and will not seek contribution from any other insurance available to the organization or persons shown in the schedule. The Town of Los Gatos will not be responsible for providing insurance for indemnification or defense of the contractor / developer as part of project / contract.

**The wording for the additional insured must be exact. No abbreviations or changes in the structure of the sentence will be accepted. If you find it difficult to fit the wording in the space provided on your endorsement you may simply list "See Exhibit A" under Schedule and attach a separate "Exhibit A" (additional sheet with the proper wording). Please remember to list the policy number on the additional sheet.