COUNTY OF ORANGE INSURANCE REQUIREMENTS PERMITTEES

Page A
County/Sate

Permittees shall be required to provide the County of Orange with verification of General Liability insurance with a combined single limit per occurrence **minimum** amount of One Million Dollars (\$1,000,000) for bodily injury and property damage. This general liability insurance shall be obtained from an insurance company licensed to do business in the State of California (throughout the United States), and shall be rated A-; VIII or better by **ambest.com**. The insurance certificate as well as an Additional Insured Primary Endorsement shall name the County of Orange and the State of California as additional insured, and shall state that such insurance shall be primary and non-contributing with any insurance maintained by the County of Orange and the State of California. The insurance certificate or an endorsement must give the County of Orange thirty (30) days written notice prior to cancellation of coverage (see No. 3 below).

Certificate of Insurance and Endorsement:

- 1. The certificate holder shall be County of Orange, OC Parks Permits, 13042 Old Myford Road, Irvine, Ca. 92602.
- 2. Additional insured shall be specifically spelled out in the "Special Items" section of the certificate as well as on the Additional Insured Primary Endorsement. For events within OC Parks facilities, the additional insured shall be: **COUNTY OF ORANGE AND THE STATE OF CALIFORNIA**.

NAMING THE COUNTY OF ORANGE AND THE STATE OF CALIFORNIA AS ADDITIONAL INSURED ON THE CERTIFICATE ONLY IS <u>NOT</u> ACCEPTABLE AND YOUR INSURANCE WILL BE REJECTED. THERE ARE ABSOLUTELY NO EXCEPTIONS TO THIS POLICY.

3. The certificate shall state that the County will be given at least THIRTY (30) DAYS ADVANCE NOTICE for cancellation of the policy. Either a 30 days notice of cancellation endorsement shall accompany the certificate of insurance, or the preprinted ACORD form cancellation clause must be edited as follows:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGE OR REPRESENTATIVES.

4. The certificate shall show the name of the insured, the expiration date of the policy, the coverage provided, the limits of insurance, declare any deductible or self insured retentions (SIR's), and specify the name of the insurance company providing coverage. In addition, it shall be an original certificate and have a "blue ink" signature. The County will accept a faxed certificate and endorsement FROM THE INSURANCE AGENT/BROKER; however, this MUST be followed up with a "wet signature" copy by mail or messenger from the insurance agent/broker.

Attached you will find a sample of an Additional Insured Primary Endorsement and an Additional Insured Endorsement. If the Additional Insured Primary Endorsement cannot be used by your agent/broker, this wording may be added to the Additional Insured Endorsement:

"It is agreed that any insurance maintained by the County of Orange and the State of California shall apply in excess of, and not contribute with, insurance provided by this policy".

Should you require any further clarification or desire additional information, please contact OC Park Permits at (866) 627-2757.

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SAMPLE CERTIFICATE OF LIABILITY INSURANCE						Issue Date (MM/DD/)		
Insurance agent's				THIS CERTIFICATE 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.				
name and address			COMPANIES AFFORDING COVERAGE					
Phone # Fax #				COMPANY LETTER A				
INSURED				COMPANY LETTER B				
Insured's name And address			COMPANY LETTER C					
Phone #				COMPANY LETTER D				
"				COMPANY LETTER E				
CO	VERAGES							
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.								
CO LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS <u>IN THOUSANDS</u>		
	GENERAL LIABILITY	GENERAL LIABILITY				GENERAL AGGREGATE	\$1,000,000	
A	A X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT		ABC 123456	3/4/09	3/4/09	PRODUCTS-COMP/OP AGG.	\$	
^						PERSONAL & ADV. INJURY	\$	
						EACH OCCURRENCE	\$1,000,000	
						FIRE DAMAGE (Any one fire)	\$	
						MEDICAL EXPENSE (Any one person)	\$	
	AUTOMOBILE LIABILITY ANY AUTO					COMBINED SINGLE LIMIT	\$	
	ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per person)	\$	
						BODILY INJURY (per accident)	\$	
	GARGAGE LIABILIT	Y				PROPERTY DAMAGE	\$	
	EXCESS LIABILITY					EACH OCCURRENCE	\$	
	UMBRELLA FORM OTHER THAN UMBRELLA FORM					AGGREGATE	\$	
	OTHER THAN OWID	NELLA FONIVI						
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY		CBA 654321	3/4/09	3/4/09	STATUTORY LIMITS		
						EACH ACCIDENT	\$	
						DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	\$ \$	
	OTHER					LIVITEOTEE	Ψ	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS Name the County of Orange and the State of California as additional insured. See item 2 on page A of instructions. Add primary insurance wording.								
CERTIFICATE HOLDER CANCELLATION								
COUNTY OF ORANGE AND THE STATE OF CALIFORNIA OC PARKS PERMITS			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, IT'S AGENTS OR REPRESENTATIVES.					

AUTHORIZED REPRESENTATIVE

Certificate of Insurance Sample B

IRVINE, CA. 92602

Page C County/State Endorsement

* POLICY NUMBER:	
*INSURED COMPANY NAME:	

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 Person or Organization:

County of Orange and The State of California as Additional Insured.

(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 operations or premises owned by or rented to you.

"It is agreed that any insurance maintained by the County of Orange and State of California will apply in excess of, and not contribute with, insurance provided by this policy."

Insurance Agents Signature

Page D County/State Endorsement

PROJECT LOCATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ ITCAREFULLY ADDITIONAL INSURED PRIMARY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is agreed that any person or organization described below is an additional insured, but only with respect to liability arising out of operations performed for the additional insured by or on behalf of the named insured. The insurance afforded to such additional insured is primary and shall not contribute in any way with any other Insurance which such additional insured may have.

All other endorsements, provisions, conditions, and exclusions of this insurance shall remain unchanged and apply to the additional insured described below.

TYPE OF OPERATION

County of Orange State of California

ADDITIONAL INSURED

PER CERTIFICATE ATTACHED

INSURED:		
AGENT:	/ Signature:	
POLICY NO.:		