



SOS Facility Use Insurance Requirements and Compliance Checklists

Thank you for your interest in using a Poway facility! Insurance is required of any entity or individual using a City of Poway facility. Reviewing your insurance coverage should be one of the first steps you take once you have decided to make your reservation at a City of Poway facility. We encourage you to speak with your broker to make sure there is coverage for all activities planned and insurance documents can be provided that meet the City's requirements.

These checklists and sample forms help ensure a smooth reservation process by identifying the most common reasons insurance certificates are not accepted.

The City of Poway requires:

- ❑ Commercial General Liability Insurance coverage, minimum of \$1,000,000 each occurrence, and \$2,000,000 general aggregate.
- ❑ An Additional Insured Endorsement naming the City of Poway and its elected and appointed boards, officers, and employees as additional insured with respect to operations on City of Poway property.
- ❑ Automobile Liability, including owned, hired, and non-owned vehicles: \$1,000,000 combined single limit.
- ❑ Workers' Compensation insurance in statutory amount. All of the endorsements which are required above shall be obtained for the policy of Workers' Compensation insurance. For businesses with no employees (sole proprietor) the attached waiver form can be submitted.
- ❑ Insurance coverage must be Primary and Noncontributory; if this is not included in the policy a separate endorsement must be included, with a policy number matching the certificate of insurance.
- ❑ Notice of insurance cancellation shall be made to the City Clerk, in writing, 30 days prior to cancellation or material changes in insurance coverage.

The following two insurance documents must be submitted and approved by the City's Risk Management Department before the reservation can be approved. We encourage you to provide these requirements and samples to your insurer.

1. Certificate(s) of Insurance

Review the attached checklist and sample, and compare those with each policy required for the event. The Certificate of Insurance is a statement of the coverage you have in place, but it does not extend coverage or any other rights to the City of Poway or any other party.

2. Additional Insured Endorsement

Please review the checklist we have provided. The Additional Insured Endorsement is a document that adds language to your policy to make the City an additional insured on your policy. **This language is a requirement for your permit.**

Please send the insurance, *with your permit number*, via mail, FAX or email to:

City of Poway
P.O. Box 789
Poway, CA 92074
FAX: (858) 668-1216
Email: activenet@poway.org

Please call (858) 668-4580 if you have any questions regarding the City of Poway's insurance requirements.



Certificate of Liability Checklist

Each number listed below corresponds to the sample Certificate of Liability Insurance on page 3 of this document as a reference. Certificates of Liability will vary slightly from broker to broker.

- (1) Insured: The 'Insured' matches the Applicant's name as it appears on the facility rental application. The Applicant is the party responsible for the event. Insurance from an entity other than the event holder is *not* a substitute for coverage for the event. Examples include party planners, caterers, or other vendors who provide event services but may not be responsible for the entire event. You will be informed if insurance from a vendor who is not the Applicant is also required and needs to be provided in addition to the event insurance.
- (2) General Liability: "Occurrence" box is checked. Additional policies or confirmation of coverage in this policy are required for activities that are commonly excluded from the typical Commercial General Liability policy. An example is Liquor Liability insurance, which generally is provided by a separate policy.
- (2a) Limits: Minimum per occurrence limit (higher limit may be required depending on event risks) \$1,000,000 each occurrence and \$2,000,000 general aggregate.
- (3) Policy Effective and Expiration Dates
Policy must be current and date(s) of the event(s) fall within the "policy effective" and "policy expiration" dates.
- (4) Automobile Liability, including owned, hired, and non-owned vehicles: \$1,000,000 combined single limit.
- (5) Excess/Umbrella: Supplements the limits of other policies to meet required limits, if required.
- (6) Workers' Compensation insurance in statutory amount. All of the endorsements which are required above shall be obtained for the policy of Workers' Compensation insurance. For businesses with no employees (sole proprietor) the attached waiver form can be submitted.
- (7) Description of Operations: The name or description of the use is shown here.
There is no language here attempting to limit liability.
- (8) Certificate Holder: City of Poway
P.O. Box 789
Poway, CA 92074

PRODUCER INSURED <div style="text-align: center; font-size: 2em; font-weight: bold;">1</div>	<p style="font-size: 0.8em; margin: 0;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS															
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL 2 <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td>\$</td> <td rowspan="7" style="font-size: 2em; vertical-align: middle;">2a</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td>\$</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$</td> </tr> <tr> <td></td> <td></td> </tr> </table>	EACH OCCURRENCE	\$	2a	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$		
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GENERAL AGGREGATE	\$																				
PRODUCTS - COMP/OP AGG	\$																				
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS 4 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td>\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$							
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		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ 5				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td>\$</td> </tr> <tr> <td>AGGREGATE</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$					
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		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$			
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		OTHER																			

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

7

CERTIFICATE HOLDER <div style="text-align: center; font-size: 2em; font-weight: bold;">8</div>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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
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Additional Insured Endorsement Checklist

A separate Additional Insured Endorsement page must be attached to the Certificate of Liability Insurance. Each number listed below corresponds to the sample Additional Insured Endorsement on page 5 as a reference. Additional Insured Endorsements will vary slightly from broker to broker.

The endorsement page requirements include:

1. The General Liability policy number on the Additional Insured Endorsement matches the policy number on the Certificate of Liability insurance certificate.
2. "The City of Poway, its officers, employees, volunteers and agents" are listed as additional insured. This quoted language must be included as written.
3. No restrictive wording is acceptable on the endorsement, other than to restrict the coverage to liability arising out of the operations of the named insured.

Policy Number: **1**

Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION
OR WHEN REQUIRED IN WRITTEN AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Sample

SECTION II – WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):	
2	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

In addition to the above scheduled Additional Insured Person(s) or Organizations, if any, **SECTION II – WHO IS AN INSURED** is further amended to include as an additional insured any person(s) or organization(s) for whom you have agreed in writing in a contract or agreement (which is signed and dated prior to the date of the "occurrence") that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

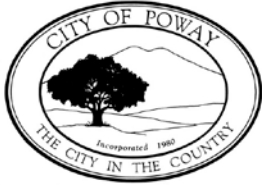
3



- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

Sample

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.



Request for Waiver of Workers' Compensation Insurance Requirements

Business

Legal Name: _____

Address: _____

Nature of business performed in the City of Poway: _____

With respect to the above-mentioned business, I hereby warrant that the business has no employees other than the owners, officers, directors, partners or other principals who have elected to be exempt from Worker's Compensation coverage in accordance with California law for work conducted on City of Poway premises. I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above mentioned business. I agree to comply with the code requirements and all other applicable laws and regulations regarding workers compensation. I further agree to defend, indemnify and hold the City of Poway harmless from any and all claims and liability which may arise from the failure of the above-mentioned business to comply with any such laws or regulations. I therefore request that the City of Poway waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced business.

Date

Signature/Title of Authorized Representative