

Capitola Recreation Department

4400 Jade Street
Capitola, CA. 95010



Notice to All Renters of the Capitola Community Center

The City of Capitola insurance carrier has mandated that effective April 1991 all individuals and groups using City facilities show proof of liability insurance for each activity or event held at the facility.

You may be able to obtain a one-time certificate of insurance to cover your event through your homeowner's, renter's, auto or personal liability insurance agent. If so, they will need to provide us with a certificate of insurance, in the amount of \$1,000,000. Your name, the insurance agency's name, and the date or dates covered must be on the certificate.

In the space marker "Certificate Holder" or "Additionally Insured," the policy should list:

City of Capitola
Capitola Community Center / Jade Street Park
4400 Jade Street
Capitola, CA. 95010

There is a sample attached on the reverse side for your review.

If you are unable to acquire the certificate through your own agent, you must purchase the insurance through us, through a carrier with whom we have contracted. The office can help you with this service; the cost varies depending on the type of the event and the classification of risk. For most events, the cost is \$75 (1-25 people), \$105 (26-50 people), and \$115 (51 or more people).

Proof of insurance must be received by, or purchased through, our office no later than 20 working days prior to your event. If you fail to provide insurance coverage, your event will be canceled.

Thank you for your cooperation.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE

PRODUCER

NAME OF YOUR INSURANCE COMPANY
 ADDRESS OF YOUR INSURANCE COMPANY
 PHONE # OF YOUR INSURANCE COMPANY

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

YOUR NAME
 YOUR ADDRESS
 YOUR PHONE #'S

INSURER A: INSURANCE COMPANY NAME

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 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 LIABILITY <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Comprehensive Form GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Your Policy Number	Dates of your policy or the date of your event if certificate is for one time only.	Dates of your policy or the date of your event if certificate is for one time only.	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 1,000,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident)	\$
						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 AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS	OT-H-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

- SAMPLE -

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

The City of Capitola is named as additional insured for all claims arising out of the insured's use of City facilities at 4400 Jade Street on _____ (date of the event).

CERTIFICATE HOLDER

The City of Capitola
 Capitola Community Center / Jade Street Park
 4400 Jade Street
 Capitola, CA. 95010

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