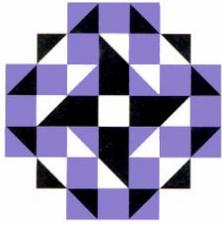


**Sierra Conference Room, Sierra Theater, Mojave Room, Lobby or Garden Courtyard**

Accord Certificate Sample  
Required City Endorsement Forms



**Provide this packet to your  
insurance broker/agent**

## **Liability Insurance Requirements for Facility Rentals**

### **Sierra Conference Rooms, Sierra Theater, Mojave Room, Lobby, Garden Courtyard and The Theater Rental**

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, Mojave 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, Mojave 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/Redevelopment Agency, 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](#))
- Insurance for rental of **The Theater** is not available thru the City and must be purchased from your own insurance broker. 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/Agency, 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 \_\_\_\_\_ at the CCPA.
- **Your reservation will not be confirmed until the completed Accord certificate and required City endorsement forms are reviewed and approved by the City.**

# ACORD<sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	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	INSURER A:	
	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	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS	OTHER
						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

## CERTIFICATE HOLDER

## 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

<b>GENERAL LIABILITY SPECIAL ENDORSEMENT FOR THE CITY OF CERRITOS (the "City")</b>		ENDORSEMENT NO.	ISSUE DATE (MM/DD/YY)
<b>PRODUCER</b>  Telephone: _____	<b>POLICY INFORMATION:</b> Insurance Company: Policy No.: _____ Policy Period: (from) _____ (to) _____		
<b>NAMED INSURED</b>	Deductible/Retention of \$ _____		
	<b>APPLICABILITY</b> this insurance pertains to the operations, products and/or tenancy of the named insured under all written agreements in force with the City/Agency unless checked here <input type="checkbox"/> in which case only the following specific agreements with the City/Agency are covered:		
<b>TYPE OF INSURANCE</b>	<b>CITY AGREEMENTS</b>		
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made <input type="checkbox"/> _____ <input type="checkbox"/> Occurrence		<b>OTHER PROVISIONS</b>	
<b>COVERAGES</b>	<b>LIABILITY LIMITS</b>		
	EACH OCCURRENCE	AGGREGATE	
<input type="checkbox"/> GENERAL <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> PERSONAL & ADVERTISING INJURY <input type="checkbox"/> FIRE DAMAGE <input type="checkbox"/> _____ <input type="checkbox"/> _____			Underwriter's representative for claims pursuant to this insurance. <b>CLAIMS:</b> 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:			
<ol style="list-style-type: none"> <li>1. <b>INSURED.</b> The City and Redevelopment Agency, 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.</li> <li>2. <b>CONTRIBUTION NOT REQUIRED.</b> As respects: (a) work performed by the named insured for or on behalf of the City/Agency; or (b) products sold by the named insured to the City/Agency; or (c) premises leased by the named insured from the City/Agency, the insurance afforded by this policy shall be primary insurance as respects the City/Agency, 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/Agency, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.</li> <li>3. <b>SEVERABILITY OF INTEREST.</b> 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.</li> <li>4. <b>SUBROGATION WAIVER.</b> The insurer waives the right to subrogation against City/Agency, its elected officials, officers, employees, agents, volunteer and representatives.</li> <li>5. <b>CANCELLATION NOTICE.</b> With respect to the interests of the City/Agency, 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/Agency.</li> <li>6. <b>PROVISIONS REGARDING THE INSURED'S DUTIES.</b> Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City/Agency, its officers, agents, employees or volunteers.</li> <li>7. <b>SCOPE OF COVERAGE.</b> This policy, if primary, affords coverage at least as broad as:             <ol style="list-style-type: none"> <li>a. Insurance Services Office Commercial General Liability Coverage, "occurrence" form CG0001;</li> </ol> </li> </ol>			
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.			
<b>ENDORSEMENT HOLDER</b>			
<b>CITY OF CERRITOS</b> c/o CCPA Attn: Technical Administrator 12700 Center Court Drive Cerritos, CA 90703		<b>AUTHORIZED REPRESENTATIVE</b> <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Underwriter <input type="checkbox"/> _____ 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 _____ <div style="text-align: center;"><i>(original signature required)</i></div> Telephone: (____) _____                      Date Signed _____	

<b>AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT FOR THE CITY OF CERRITOS (the "City")</b>		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 \$ _____		
	<b>APPLICABILITY</b> this insurance pertains to the operations, products and/or tenancy of the named insured under all written agreements in force with the City/Agency unless checked here <input type="checkbox"/> in which case only the following specific agreements with the City/Agency are covered:  <b>CITY AGREEMENTS</b>		
<b>TYPE OF INSURANCE</b>		<b>OTHER PROVISIONS</b>	
<input type="checkbox"/> COMMERCIAL AUTO POLICY <input type="checkbox"/> BUSINESS AUTO POLICY <input type="checkbox"/> OTHER			
<b>LIMIT OF LIABILITY</b>		<b>CLAIMS:</b> Underwriter's representative for claims pursuant to this insurance.	
\$ _____ per accident, for bodily injury and property damage.		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:			
<ol style="list-style-type: none"> <li><b>INSURED.</b> The City and Redevelopment Agency, 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.</li> <li><b>CONTRIBUTION NOT REQUIRED.</b> As respects: (a) work performed by the named insured for or on behalf of the City/Agency; or (b) products sold by the named insured to the City/Agency; or (c) premises leased by the named insured from the City/Agency, the insurance afforded by this policy shall be primary insurance as respects the City/Agency, 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/Agency, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.</li> <li><b>SEVERABILITY OF INTEREST.</b> 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.</li> <li><b>SUBROGATION WAIVER.</b> The insurer waives the right to subrogation against City/Agency, its elected officials, officers, employees, agents, volunteer and representatives.</li> <li><b>CANCELLATION NOTICE.</b> With respect to the interests of the City/Agency, 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/Agency.</li> <li><b>PROVISIONS REGARDING THE INSURED'S DUTIES.</b> Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City/Agency, its officers, agents, employees or volunteers.</li> <li><b>SCOPE OF COVERAGE.</b> 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".</li> </ol>			
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.			
<b>ENDORSEMENT HOLDER</b>			
<b>CITY OF CERRITOS</b> <b>c/o CCPA</b> <b>Attn: Technical Administrator</b> <b>12700 Center Court Drive</b> <b>Cerritos, CA 90703</b>		<b>AUTHORIZED REPRESENTATIVE</b> <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Underwriter <input type="checkbox"/> _____ 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 _____ <i>(original signature required)</i>  Telephone: (____) _____                      Date Signed _____	