

SAMPLE FILMING INSURANCE DOCUMENT

POLICY NUMBER:  
INSURED:

COMMERCIAL GENERAL LIABILITY  
CG 20 12 07 98

## ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISIONS - PERMITS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

SCHEDULE

State or Political Subdivision:

**The City of Temecula, Successor Agency to the Temecula Redevelopment Agency, and the Temecula Community Svcs. District, their officers, officials, employees and volunteers**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II - Who Is An Insured is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
  - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".



# CERTIFICATE OF LIABILITY INSURANCE

Date (DMM-DD-YYYY)  
09/15/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	INSURANCE SERVICES, INC.	Contact Name:	
		Phone:	Fax:
		Email Address:	
INSURED	Insurer's Affordina Coverage		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X			09/29/2014	09/29/2015	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 \$ 2,000,000
							PRODUCTS -- COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE*	X			01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
A	<input checked="" type="checkbox"/> Umbrella Liab <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Excess Liab <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	X			09/29/2014	09/29/2015	EACH OCCURRENCE \$ 4,000,000
							AGGREGATE \$ 4,000,000
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			09/29/2014	09/29/2015	<input checked="" type="checkbox"/> PER STATUTE    Other
							E.L. Each Accident \$ 1,000,000
							E.L. Disease -- EA Employee \$ 1,000,000
							E.L. Disease -- Policy Limit \$ 1,000,000
B	PRODUCTION PACKAGE POLICY MISC. RENTED EQUIPMENT PROPS/SETS/WARDROBE THIRD PARTY PROPERTY DAMAGE			CLP3015384	09/29/2014	09/29/2015	LIMITS/DEDUCTIBLES \$ 1,000,000 LIMIT / \$ 1,643 DEDUCTIBLE PER LOSS \$ 1,000,000 LIMIT / \$ 1,643 DEDUCTIBLE PER LOSS \$ 1,000,000 LIMIT / \$ 1,643 DEDUCTIBLE PER LOSS

*Not needed*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

FOR THE PRODUCTION THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED PER FORMS CG2011 (01-96), G2012 (07-98), AND CG2026 (07-04), BUT ONLY AS RESPECTS CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE NAMED INSURED. GENERAL LIABILITY COVERAGE IS PRIMARY. THE CITY OF TEMECULA, SUCCESSOR AGENCY TO THE TEMECULA REDEVELOPMENT AGENCY, AND THE TEMECULA COMMUNITY SVCS. DISTRICT, THEIR OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS ARE NAMED ADDITIONAL INSURED ON THE GENERAL LIABILITY POLICY. SEE ATTACHED ENDORSEMENT.

<b>CERTIFICATE HOLDER</b>  City of Temecula Finance Dept. 41000 Main Street Temecula, CA 92590	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Aon/Albert G. Ruben Insurance Services, Inc.