



CITY OF IRVINE

Community Services Department

One Civic Center Plaza, Irvine, Ca 92606-5208

Phone (949) 724-6621

Internet: www.FLW\RLUE-Maintenance@cityofirvine.org

Please note that failure to provide the appropriate certificate of insurance with a separate endorsement page listing the City of Irvine as additionally insured may result in rejection of application. Please reference both pages attached.

CERTIFICATE OF INSURANCE		005550		DATE (MM/DD/YY) 07/03/2008												
PRODUCER: UNIFORM INSURANCE COMPANY P.O. Box 12345 Any city, Any state 12345-6789	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.															
COMPANIES AFFORDING COVERAGE																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-right: 1px solid black; vertical-align: top;">INSURED:</td> <td style="border-right: 1px solid black;">COMPANY A</td> <td style="border-right: 1px solid black;">COMPANY B</td> <td style="border-right: 1px solid black;">COMPANY C</td> <td style="border-right: 1px solid black;">COMPANY D</td> </tr> </table>					INSURED:	COMPANY A	COMPANY B	COMPANY C	COMPANY D							
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COVERAGES: 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 BOTH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER & CCNT PROT <input type="checkbox"/> LIABILITY ARISING OUT OF ATHLETIC PARTICIPATION	ABC 1234 567	01/01/2011	12/31/2011	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>PRODUCTS COMP OF AGG</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td>MEDICAL</td><td style="text-align: right;">\$ 5,000</td></tr> </table>	GENERAL	\$ 1,000,000	PRODUCTS COMP OF AGG	\$ 1,000,000	PERSONAL & ADV INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE	\$ 50,000	MEDICAL	\$ 5,000
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AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per inc)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per inc)	\$	PROPERTY DAMAGE	\$				
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DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY – EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY</td><td style="text-align: right;">\$</td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> </table>	AUTO ONLY – EA ACCIDENT	\$	OTHER THAN AUTO ONLY	\$	EACH ACCIDENT	\$	AGGREGATE	\$				
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WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> STATUTORY LIMITS</td><td style="text-align: right;">\$</td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>DISEASE – POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>DISEASE – EACH EMPLOYEE</td><td style="text-align: right;">\$</td></tr> </table>	<input type="checkbox"/> STATUTORY LIMITS	\$	EACH ACCIDENT	\$	DISEASE – POLICY LIMIT	\$	DISEASE – EACH EMPLOYEE	\$				
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DISEASE – POLICY LIMIT	\$															
DISEASE – EACH EMPLOYEE	\$															
OTHER																
POSITION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS																
CERTIFICATE HOLDER CITY OF IRVINE, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND REPRESENTATIVES ONE CIVIC CENTER PLAZA PO BOX 19575 IRVINE, CA 92623-9575			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AS CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT													
			AUTHORIZED REPRESENTATIVE <i>John Doe</i> UNIFORM INSURANCE COMPANY													



CITY OF IRVINE

Community Services Department

INSURANCE SERVICES OFFICE, INC.

P.O. BOX 12345

Any City, Any State 12345-6789

(555) 555-5555

POLICY NUMBER: ABC1234567

COMMERCIAL GENERAL LIABILITY

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:

**City of Irvine, its Officers, Employees,
Agents, Volunteers, and Representatives**

One Civic Center Plaza

PO Box 19575

Irvine, Ca 92623-9575

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

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.