



City of **Santa Monica**SM
Santa Monica Civic Auditorium
 1855 Main Street
 Santa Monica, CA 90401

CERTIFICATE OF INSURANCE
 (Only this Certificate of Insurance will be accepted)

This certifies to the City that the following described policies have been issued to the Insured named below are in force at this time.

Insured: _____

Address: _____

Return completed certificate to: City of Santa Monica

Attn: _____

Operations/locations insured (show contract name or number, if any)

TYPE OF INSURANCE	POLICY NO.	EXPIRATION DATE	LIMITS OF LIABILITY IN THOUSANDS (000)		NAME OF INSURANCE CO.	BEST RATINGS
			EA OCCURRENCE	AGGREGATE		
GENERAL LIABILITY <input type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises Operations <input type="checkbox"/> Explosion & Collapse Hazard <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Contractual <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Personal Injury			Bodily Injury	\$	\$	
			Property Damage	\$	\$	
			Combined Single Limit	\$	\$	
AUTOMOBILE LIABILITY <input type="checkbox"/> Comprehensive Form <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non-owned			Bodily Injury	\$	\$	
			Property Damage	\$	\$	
			Combined Single Limit	\$	\$	
<input type="checkbox"/> Umbrella Liability			Bodily Injury	\$	\$	Coverage Form: "Claims Made" <input type="checkbox"/> Yes <input type="checkbox"/> No "Occurrence" <input type="checkbox"/> Yes <input type="checkbox"/> No
			Property Damage	\$	\$	
			Combined Single Limit	\$	\$	
<input type="checkbox"/> Workers' Compensation & Employers' Liability				Statutory	Statutory	
<input type="checkbox"/> Property Insurance			Amount of Insurance			
<input type="checkbox"/> Other Insurance Coverage			\$			

THE FOLLOWING PROVISIONS APPLY:

- The City, members of its city council, boards and commissions, officers, agents, employees and volunteers are named on all liability policies described above as insureds as respects: (a) activities performed for the City by or on behalf of the named insured, (b) products and completed operations of the Named Insured, and (c) premises owned, leased or used by the Named Insured and Bayside District Corporation.
- Coverage afforded the City, members of its city council, boards and commissions, officers, agents, employees and volunteers as Insureds applies as primary and not excess or contributing to any insurance issued in the name of the City and Bayside District Corporation.
- Concerning Workers' Compensation or Property Insurance only, insurer has waived all rights of subrogation against the City, members of its City Council, boards and commissions, officers agents, employees and volunteers.
- The undersigned will mail to the City 30 days' written notice of cancellation or reduction of coverage or limits.

This certificate is issued as a matter of information. This certificate is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the term, exclusions and conditions of such policies.

AGENCY OR BROKERAGE
ADDRESS
NAME OF PERSON TO BE CONTACTED
TELEPHONE NUMBER ()

INSURANCE COMPANY	
HOME OFFICE	
AUTHORIZED SIGNATURE	DATE

NOTE: Authorized signatures may be the agent's if agent has placed insurance through the an agency agreement with the Insurer. If insurance is brokered, authorized signature must be that of Official of Insurer