** SAMPLE COPY **



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) [mm/dd/yyyy]

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 have ADDITIONAL INSURED provisions or 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 co	onfer rights to the certificate holder	in lieu of such	· ,		
PRODUCER			NAME: [Insurance Agent Name]		
[Insurance Agency Name ar	nd Mailing Information]		PHONE [Insurance Agent Phone #]	(A/C, No).	ce Agent Fax #]
			E-MAIL [Insurance Agent Email] ADDRESS:	,,,,,	
			INSURER(S) AFFORDING COVERAGE		NAIC#
			INSURER A: [To Be Completed By Insurance Ager	nt]	[####]
INSURED			INSURER B:		
			INSURER C:		
			INSURER D:		
			INSURER E:		
			INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	CL217798323	REVISION NUI	MBER:	

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 HERE SUBJECT TO ALL THE TERMS,

		SIONS AND CONDITIONS OF SUCH FO			III O OI IOWN WAT HAVE BEEN REDU				
INSR LTR	INSR LTR TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	AICY EXP	LIMITS	
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR					Y	PP (SES (Ea occurrence)	\$ 100,000
		[As Applicable]			[####### - ## - #####]	[in sid/yyyy]	[mm/dax v²	MED EXP (Any one person)	\$ 15,000
			[Y]					PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:				_			\$
	AUTOMOBILE LIABILITY [As Applicable] X ANY AUTO OWNED SCHEDULED AUTOS AUTOS ONLY				[### +# -# ###	[mm/dd/yyyy]	[mm/dd/yyyy]	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
								BODILY INJURY (Per person)	\$
			[Y]					BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE		l \				AGGREGATE	\$
		DED RETENTION \$		1					\$
	WORKERS COMPENSATION (AS Applica EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVIOFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							X PER OTH- STATUTE ER	
					(####### - ## - ######]	[mm/dd/yyyy]	[mm/dd/yyyy]	E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

City of Irvine, Great Park Corporation, its Officers, Employees, Agents, Volunteers and Representatives are included as Additional Insured in accordance with the terms and conditions of the Commercial General and Automobile policies. Coverage includes Wavier of Subrogation

CERTIFICATE HOLDER	CANCELLATION			
City of Irvine, Great Park Corporation and their Officers, Employees, Agents, Volunteers and Representatives One Civic Center Plaza	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Irvine CA 92623	AUTHORIZED REPRESENTATIVE			
	[Signature]			

CANCELL ATION

CERTIFICATE HOLDER

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED DESIGNATED PERSON OF ORGANIZATION FOR SPECIFIC ACTIVITY

This endorsement modifies insurance provided under the lene Lia lity Coy lage Part.

The following is added to the General Liability Addition. Providing Form

Additional Insured Person(s) or Organization(s)

Name: City of Irvine, Great Park Cook tion and their Officers, Employees, Agents,

Volunteers and Representa ve-

Address: One vic Complete Irvine, CA 92623

Activity: Evidence of insurance for use of facilities for [Event Name/Insured] located at

[Specific Location] . Policy [###### - ## - #####]

Date(s): [mm/dd/yyyy]

A. ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION FOR SPECIFIC ACTIVITY

1. Paragraph C., Who is An Insured, is amended to include the person(s) or organization(s) shown above, but only with respect to "bodily injury," "property damage," " personal injury," and "advertising injury" liability, and only with respect to operations of the Named Insured that are directly related to the activity shown above during the dates shown above.