


SAMPLE CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED POLICY ENDORSEMENT

A certificate of insurance and endorsement is required for any activities that take place on La Canada Unified School District (LCUSD) property that requires a facility use application. The LCUSD reserves the right to require additional insurance levels based on specific activities or equipment.

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)			
PRODUCER INSURANCE AGENT NAME INSURANCE AGENT ADDRESS		THIS CERTIFICATION 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.					
INSURED INSURED NAME INSURED ADDRESS		INSURERS AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURANCE COMPANY NAME(S) INSURER D: INSURER E:		NAIC #			
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	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT*	
		GENERAL LIABILITY <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	POLICY NUMBER	CURRENT POLICY PERIOD		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG	\$1,000,000 \$2,000,000
		AUTOMOBILE LIABILITY <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	POLICY NUMBER	CURRENT POLICY PERIOD		COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$1,000,000 \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	\$ \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE	\$ \$1,000,000 \$2,000,000 \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	CURRENT POLICY PERIOD		INC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000
OTHER							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS La Canada Unified School District							
CERTIFICATE HOLDER La Canada Unified School District 4490 Cornishon Avenue La Canada, CA 91011				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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			
ACORD 25 (2001/08)				© ACORD CORPORATION 1988			

Coverage

- Commercial General Liability
- Auto Liability
- Proof of Workers Compensation

Minimum Limits

- \$1,000,000 per occurrence
- \$2,000,000 per general aggregate

Additional Insured

La Canada Unified School District

Insurance Company

- Must be licensed to do business in California.

Certificate of Liability Insurance, Additional Insured Policy Endorsement and Proof of Worker's Compensation must be submitted with the Facility Use Application.

SAMPLE CERTIFICATE OF INSURANCE AND ADDITIONAL INSURED POLICY ENDORSEMENT

<p>POLICY NUMBER: COMMERCIAL GENERAL LIABILITY</p> <p>THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</p> <p>ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION</p> <p>This endorsement modifies insurance provided under the following:</p> <p>COMMERCIAL GENERAL LIABILITY COVERAGE PART.</p> <p>SCHEDULE</p> <p>Name of Person or Organization:</p> <div data-bbox="232 919 1097 1146"><ul style="list-style-type: none">• La Canada Unified School District</div> <p>(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)</p> <p>WHO IS AN 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.</p> <p>CG 20 26 11 85 Page 1 of 1 <input type="checkbox"/></p>	<p>Additional Insured</p> <ul style="list-style-type: none">• La Canada Unified School District
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