



Insurance Requirements

Certificates of Insurance and Endorsements must include the following:

1. The General Liability certificate of insurance (COI) (Acord 25 or similar form) is to be issued by the third party's insurance company or broker (Producer), which reflects the District as the Certificate Holder and includes the District address as follows:

Certificate Holder Information:

Anaheim Union High School District
501 North Crescent Way
Anaheim, CA 92801

2. The COI must reflect the correct name of the Insured.
3. Insurer(s) Affording Coverage must maintain an A or better rating with A.M. Best and include NAIC #.
4. COI must include Commercial General Liability and Occurrence coverage. In addition, COI must include Sexual Abuse/Molestation coverage either 1) Under Other Coverage, or 2) by indicating in Description of Operations Special Provisions that Sexual Abuse/Molestation coverage is not excluded and provide policy exclusion pages.
5. COI must include policy numbers.
6. Policy Effective Dates must cover the dates of the event/contract.
7. Description of Operations: A brief description of the event or activity, location, and dates if at all possible.
8. Signature of Producer's/Broker's Authorized Representative must be reflected on COI.
9. An endorsement is to be issued, specifically naming Anaheim Union High School District as **Additional Insured** with respects to the insured's General Liability policy. The policy number on the certificate of insurance must match the policy number on the endorsement (If Blanket Additional Insured Endorsement is not provided).

Primary wording for endorsement (May not be included if Blanket Additional Insured Endorsement is provided):

The Anaheim Union High School District is named as an additional insured. Such insurance as is afforded by this policy shall be primary, and any insurance carried by Anaheim Union High School District shall be excess and noncontributory.

Insurance Required Limits

The District has the right to re-evaluate the following limits to determine whether or not they are suitable based on the nature of the event/activity/contract.

General Liability and Sexual Abuse/Molestation (May be included under General Liability):

\$1,000,000 minimum limit per occurrence \$2,000,000 minimum general aggregate.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/20/16

PRODUCER ABC Insurance 1234 Apple Street Orange, CA 12345 Jane Smith	1	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.																
		<table border="1"> <tr> <td>INSURERS AFFORDING COVERAGE</td> <td style="text-align: center;">3</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td>ABC Insurance Company</td> <td>#1234</td> </tr> <tr> <td>INSURER B:</td> <td>DEF Insurance Company</td> <td>#5678</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	3	NAIC #	INSURER A:	ABC Insurance Company	#1234	INSURER B:	DEF Insurance Company	#5678	INSURER C:			INSURER D:			INSURER E:
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INSURED BMX Riders, Inc. 543 Dale Avenue San Clemente, CA 92673 Sarah Do	2	INSURER A: ABC Insurance Company #1234																
		INSURER B: DEF Insurance Company #5678																
		INSURER C:																
		INSURER D:																
		INSURER E:																

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	AB123456789	07/01/15	07/01/16	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$N/A
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
A	<input type="checkbox"/>	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 <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
B	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	\$
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	<input checked="" type="checkbox"/>	OTHER SEXUAL ABUSE/MOLESTATION	DE123456789	07/01/15	07/01/16	EACH OCCURENCE	\$1,000,000
						AGGREGATE	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Insert a brief description of the event or activity, location, and dates if at all possible.

Note: If third party is providing a blanket Additional Insured Endorsement to the District, you may see the following verbiage under this section: Anaheim Union High School District is added as an Additional Insured as required by written contract.

CERTIFICATE HOLDER Anaheim Union High School District 501 N. Crescent Way Anaheim, CA 92801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE <i>John Doe</i>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Policy Number: AB123456789

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 PART.

SCHEDULE

Name of Person or Organization:

Anaheim Union High School District
501 N . Crescent Way
Anaheim, CA 92801

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The Anaheim Union High School District is named as an additional insured. Such insurance as is afforded by this policy shall be primary, and any insurance carried by Anaheim Union School District shall be excess and noncontributory.

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

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.