



FACILITIES PLANNING & CONSTRUCTION
Facility Use Requests – Insurance Requirements

User shall provide a certificate of insurance at least fourteen (14) calendar days prior to the requested use; if not received, the event will be cancelled. The Certificate of Insurance must include:

1. A Comprehensive or Commercial General Liability Insurance. The limits of liability shall not be less than a Combined Single Limit for Bodily Injury, Property Damage and Personal Injury Liability of:

\$1,000,000 per occurrence

2. Additional Insured Endorsement must reflect that the policy extends coverage specifically to:

Twin Rivers Unified School District, its officers, agents and employees, 3222 Winona Way, Suite 201, North Highlands, CA 95660 for [EVENT] on [EVENT DATE].

3. Waiver of subrogation endorsement

All users also agree that in making an application for use of facilities, all users agree to defend, indemnify and hold harmless the District, its officers, employees and agents from any and all injuries, losses or damages, including damage to District property, which may result or arise in any way out of their use of the facilities, negligence of the user group, its officers, employees, invitees or agents.

| | | | |
|---|--|---|--------------------------------|
| ACORDTM CERTIFICATE OF LIABILITY INSURANCE | | 5/1/2010 | DATE (MM/DD/YYYY) 10/8/2009 |
| PRODUCER Lockton Insurance Brokers, LLC CA License #OF15767 Two Embarcadero, Suite 1700 San Francisco 94111 (415) 568-4000 | | 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. | |
| INSURED Insured's Name and Address | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: ACE American Insurance Company | 22667 |
| | | INSURER B: Lexington Insurance Company | 19437 |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |

COVERAGES NAVIG01 DC THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

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 | ADD'L LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|------|-------------------------------------|---|----------------|----------------------------------|-----------------------------------|---|--------------|
| A | | GENERAL LIABILITY | CGO G23741970 | 5/1/2009 | 5/1/2010 | EACH OCCURRENCE | |
| | <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY | | | | \$ 1,000,000 | |
| | <input type="checkbox"/> | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> | EBL/\$2K Claims Made | | | | MED EXP (Any one person) | \$ XXXXXXXX |
| | <input type="checkbox"/> | | | | | PERSONAL & ADV INJURY | \$ 2,000,000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER | | | | GENERAL AGGREGATE | \$ 4,000,000 |
| | <input checked="" type="checkbox"/> | POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | AUTOMOBILE LIABILITY | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) | \$ XXXXXXXX |
| | <input type="checkbox"/> | ANY AUTO | | | | BODILY INJURY (Per person) | \$ XXXXXXXX |
| | <input type="checkbox"/> | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ XXXXXXXX |
| | <input type="checkbox"/> | SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ XXXXXXXX |
| | <input type="checkbox"/> | HIRED AUTOS | | | | | |
| | <input type="checkbox"/> | NON-OWNED AUTOS | | | | | |
| | | GARAGE LIABILITY | NOT APPLICABLE | | | AUTO ONLY - EA ACCIDENT | \$ XXXXXXXX |
| | <input type="checkbox"/> | ANY AUTO | | | | OTHER THAN EA ACC | \$ XXXXXXXX |
| | <input type="checkbox"/> | | | | | AGG | \$ XXXXXXXX |
| B | | EXCESS/UMBRELLA LIABILITY | 65463147 | 5/1/2009 | 5/1/2010 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> | OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ 1,000,000 |
| | <input type="checkbox"/> | DEDUCTIBLE <input checked="" type="checkbox"/> UMBRELLA FORM | | | | | \$ XXXXXXXX |
| | <input type="checkbox"/> | RETENTION \$ | | | | | \$ XXXXXXXX |
| | | | | | | | |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | NOT APPLICABLE | | | WC STATU-TORY LIMITS | OTH-ER |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | \$ XXXXXXXX |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | \$ XXXXXXXX |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ XXXXXXXX |
| | | OTHER | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is named as additional insured as respects to their interest in Annual Beautification Project-community service project to clean up schools and surrounding neighborhoods at Martin Luther King Jr. Technology Academy, 3051 Fairfield St., Sacramento CA 95815, and North Avenue Elementary 1281 N. Avenue Sacramento, CA 95838, Fairbanks Elementary 227 Fairbanks Ave Sacramento, CA 95838, and Noralto Elementary 477 Las Palmas Ave Sacramento, CA 95815 on October 17, 2009 and the use of Grant High School showers on October 17, 2009 and the use of the Martin Luther King Gym/Kitchen October 16 to 18, 2009 for liability arising out of the operations of the insured. The insurance provided under this policy shall be primary and non-contributory, but only as respects to negligence by Shoulder To Shoulder in its operations and use of the Additional Insured's facilities for the specified period and activity noted above. Waiver of subrogation applies.

| | |
|---|--|
| CERTIFICATE HOLDER 10653377 Twin Rivers Unified School District <i>Facilities Planning & Construction</i> 3222 Winona Way, Suite 201 North Highlands, CA 95660 | CANCELLATION [M453581] [M453582] SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 |
|---|--|

POLICY NUMBER:

CGO G23741970

COMMERCIAL
GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following: Twin Rivers Unified School District
Facilities Planning & Construction
3222 Winona Way, Suite 201
North Highlands, CA 95660

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| |
|--|
| Name Of Additional Insured Person(s) Or Organization(s) |
| Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss. |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

CG 20 26 07 04

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Endorsement Sample

POLICY NO. CGO G23741970

COMMERCIAL GENERAL
LIABILITY
CG 24 04 10 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name of Person or Organization:

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

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

CG 24 04 10 93

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Waiver Sample