INSURANCE REQUIREMENTS

The District requires all renters, contractors and service providers to provide proof of a Comprehensive General Liability policy that meets or exceeds the minimum requirements stated herein, unless otherwise exempted.

General Liability Coverage.
Minimum amount of general liability coverage:

- **Per Occurrence** of bodily injury, personal injury and property damage: $1,000,000
- **General Aggregate**: $2,000,000

Description of Operations.

- Event/project date or date range, event/project name, and event/project location.

Certificate Holder.
Certificate Holder Address on lower left-hand corner must always be:

"Mt Shasta Recreation & Parks District, 1315 Nixon Rd. Mount Shasta, CA 96067"

Additionally Insured Endorsement

- On an endorsement document separate from the Certificate of Insurance: "*Mt. Shasta Recreation & Parks District, its officers, employees and agents"* must be named as additional insured.

Waiver of Transfer of Rights of Recovery Against Others to Us Endorsement

- On an endorsement document separate from the Certificate of Insurance: "*Mt. Shasta Recreation & Parks District, its officers, employees and agents"* must be named.

Primary and Noncontributory Endorsement

- On an endorsement document separate from the Certificate of Insurance: "*Mt. Shasta Recreation & Parks District, its officers, employees and agents"* must be named.

OTHER INSURANCE CONDITIONS

- **Liquor Liability:** If alcohol is being sold or distributed, the event organizer is required to have liquor liability coverage. If alcohol is sold, the event organizer must have a valid permit issued by the ABC.
- **Sexual Abuse or Molestation (SAM) Liability**: If the work includes contact with minors, and the CGL policy referenced above is not endorsed to include affirmative coverage for sexual abuse or molestation, a policy covering Sexual Abuse and Molestation with a limit no less than $1,000,000 per occurrence or claim is required.

Additional Information:

- When applicable, add event insurance onto a homeowner's policy.
- When applicable, purchase an event specific policy instead of an annual term.

Questions?
Contact: **Shannon Shaw,** District Administrator, shannon@msrec.org, (530) 926-2494

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/2/2010

PRODUCER
Insurance Agent Name & Address

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.

INSURERS AFFORDING COVERAGE

INSURED: Name of Insurance holder

RE: User/Renter (must be the same company/ person/entity that signs MSRPD use agreement)

INSURER A: Name of insurance company
INSURER B:
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. NOTWITHSTAN DING 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 SHOW N MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY x COMMERCIAL GENERAL LIABILITY CLAIMS MADE x OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	Policy number	01/01/2010	01/01/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 4,000,000 $ 1,000,000
A	X	AUTOMOBILE LIABILITY x ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OW NED AUTOS	Policy number	01/01/2010	01/01/2011	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS /UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
		OTHER					

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

RE: Name of Event, Date of Event, Location of Event

Mt. Shasta Recreation & Parks District is listed as additional insured.

CERTIFICATE HOLDER

Mt. Shasta Recreation & Parks District

1315 Nixon Rd.
Mt. Shasta, CA 96067

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

CERTIFICATE OF LIABILITY INSURANCE

POLICY NUMBER: 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 COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Mt. Shasta Recreation & Parks District, its employees, officers, and agents.
1315 Nixon Rd. Mount Shasta, CA 96067

(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.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
Mt. Shasta Recreation & Parks District, its employees, officers, and agents. 1315 Nixon Rd. Mount Shasta, CA 96067
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.