



CITY OF TRACY INSURANCE REQUIREMENTS

Facility Information Page
Facility ID#: Insurance

INS

INSURANCE: A Certificate of Insurance must be provided meeting the outlined Insurance Requirements. Renters must provide their own certificate of Insurance.

REQUIREMENTS

The City of Tracy requires that certain uses of the facility will dictate the need for liability insurance against claims resulting from injuries to persons or damages to property, which may arise from or in connection with the renter's use of the facility. A certificate of insurance is required and must be submitted thirty (30) calendar days prior to the event.

The following items are required on the insurance certificate:

- Insured's name is the same as listed on facility rental application
- Minimum of \$1,000,000 General Liability Insurance, and \$2,000,000 Aggregate
(*The City reserves the right to increase this requirement for any event*)
- **Name The City of Tracy as "Additional Insured"** and provide endorsement page**
- Specify the date, time and location of the event
- Minimum of 10 days cancellation notice
- ***If *serving or selling alcohol*, a host liquor liability endorsement to the user's general liability is required.
- *** If *selling items of any kind*, a product liability endorsement to the user's general liability is required.
- Certificate holder:

City of Tracy / Community Facilities
333 Civic Center Plaza
Tracy, CA 95376

PLEASE MAIL, E-MAIL OR FAX THE CERTIFICATE OF LIABILITY TO:

City of Tracy / Community Facilities
333 Civic Center Plaza
Tracy, CA 95376

E-mail: facilityreservations@cityoftracy.org
Fax: (209) 831-6218



EVANSTON INSURANCE COMPANY

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 FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

City of Tracy / Community Facilities
333 Civic Center Plaza
TRACY, CA 95376

A. Section II – Who Is An Insured is amended to include, as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/2022

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 confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley		NAME: PHONE (A/C, No. Ext): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelper.com	FAX (A/C, No):
CA 95945		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: Evanston Insurance Company	NAIC # 35378
Applicant/Renters Information		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
CA 95377			

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS		REVISION NUMBER:	
A	COMMERCIAL GENERAL LIABILITY						ACH OCCURRENCE	\$ 1,000,000		
	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
	Host Liquor Liability	<input checked="" type="checkbox"/>					MED EXP (Any one person)	\$		
	(If Applicable)						PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
	POLICY	<input type="checkbox"/>	PRO- JECT	<input type="checkbox"/>	LOC		PRODUCTS - COMP/OP AGG	\$		
OTHER:						Deductible	\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO	<input type="checkbox"/>					BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$		
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR					\$		
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE							
DED	<input type="checkbox"/>	RETENTION \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHR-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$		
								E.L. DISEASE - POLICY LIMIT	\$	

Additionally Insured does NOT go here. Please provide second page, Endorsement

CERTIFICATE HOLDER

CANCELLATION

City of Tracy / Community Facilities 333 Civic Center Plaza Tracy, CA 95376	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	AUTHORIZED REPRESENTATIVE	