

# COUNTY OF LOS ANGELES

## GUIDE TO INSURANCE REQUIREMENTS

### General Requirements and Insurance Company Ratings:

Permittee's Vendors shall maintain and provide evidence of the following program(s) of insurance as indicated by the Department. Such insurance shall be primary to and not contributing with any other insurance of self-insurance programs maintained by County. Such certificates of other evidence of coverage shall include the A.M. Best rating of each insurer, which shall not be less than B+ or its equivalent. Alternatively, Permittee's Vendors may purchase general liability coverage through the County's Special Events Liability Insurance Program to satisfy these requirements by contacting GatherGuard at (844) 747-6240, or at <https://gatherguard.com/>.

### Insurance Certificates:

The Department of Parks and Recreation requires an original insurance certificate, or other evidence of insurance acceptable to the County, be forwarded to our Central Reservations & Partnerships Section prior to commencing the permitted event/program. The County reserves the right to decline to issue or to cancel any permit if Permittee Vendor's insurance or evidence of coverage does not satisfy these requirements.

### Insurance Certificate must contain the following limits:

- General Aggregate: \$2,000,000
- Each Occurrence: \$1,000,000
- Automobile Liability (if applicable): \$1,000,000
- Workers Compensation (if applicable): \$1,000,000

Additional insurance coverage and higher levels of coverage may be required by the Department depending on the type of facility and event.

### All insurance certificates must be accompanied by:

- Additional Insured Endorsement (commonly referred to as an AI) – naming the County of Los Angeles Department of Parks and Recreation as an additional insured.

### Insurance Ratings:

- The County of Los Angeles will not accept a rating lower than a B+.

### Note:

GatherGuard (The County vendor for affordable event insurance) at (844) 747-6240, or <https://gatherguard.com/>, or <https://riskmanagement.lacounty.gov/insurance-programs-risk-transfer/>.

**Please be advised, all food vendors are required to provide a copy of their valid Los Angeles County Health Permit. A sample is provided on page 4.**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/2017

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).

<b>PRODUCER</b> Your insurance company name and address	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): 866-283-7122 E-MAIL: ADDRESS:  INSURER: INSURER A: Contine INSURER B: Ame INSURER C: Trans INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 20443 20427 20494
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COVERAGES CERTIFICATE NUMBER: 1353449791 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> \$1,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	GL401403835	06/01/2023	06/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0					EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WC4014100157	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The County of Los Angeles Department of Parks and Recreation is also named as additional insured. Event Date: May 5<sup>th</sup>, 2024. Park and Location: Ladera Park 6027 Ladera Park Ave. Los Angeles, CA 90056.

<b>CERTIFICATE HOLDER</b> County of Los Angeles Department of Parks and Recreation 1000 S. Fremont Ave. Unit 40, Building A-9 West Alhambra, Ca. 91803	<b>CANCELLATION</b> 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 
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POLICY NUMBER: \_\_\_\_\_

COMMERCIAL GENERAL LIABILITY  
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
County of Los Angeles Department of Parks & Recreation 1000 S. Fremont Ave., Unit 40, Building A-9 West Alhambra, CA 91803	
Information required to complete this Schedule, not shown above, will be shown in the Declarations.	

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, but only with respect to liability for "bodily injury", "property damage" or "personal advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.