



LONG BEACH CITY COLLEGE DISTRICT

4901 E Carson St, G-1 | Long Beach, CA 90808

Phone: (562) 938-4444

INSURANCE REQUIREMENTS FOR RESERVATIONS AT LBCC

INSURANCE

Licensee shall at its expense maintain in full force and effect policies of insurance to specifically insure Licensee's performance of the indemnity provisions contained below as to liability for injury to or death of persons and injury or damage to property as follows:

General Liability. Commercial General Liability with minimum limits of \$1,000,000 per occurrence, \$1,000,000 Personal Injury and Advertising Liability, \$500,000 Fire Legal Liability, and \$3,000,000 General Aggregate.

Professional Liability. Professional Liability Insurance (errors and omissions) with a minimum of \$1,000,000 per claim, and \$1,000,000 aggregate.

Property Coverage. Licensee shall procure and maintain at all times during the term of this Agreement a policy or policies of insurance covering loss or damage to all business personal property in about the Facilities where Licensee's Activity is located. Such policies shall cover property for the full replacement value and for the perils of "all risks" including but not limited to sprinkler leakage, water damage, and valuable papers.

Crime Coverage. \$250,000 limit crime insurance including but not limited to theft for money and securities owned and in the care, custody and control of Licensee.

Workers' Compensation Insurance. Licensee shall maintain Workers' Compensation insurance in amounts required by law.

Automobile Liability Insurance. \$2,000,000 combined single limit per occurrence for owned, scheduled, non-owned, and hired automobiles.

Qualifications of Insurers. Each policy shall be issued by an insurance company having an "A. M. Best's Rating" of at least B+ and having a "Financial Size Categories" rating of at least VII in the most current edition of "A. M. Best's Insurance Reports" issued by A.M. Best Company. In addition, each policy shall be issued by an "admitted" insurance company (*i.e.*, one that is qualified and licensed to do business in the State of California).

Primary Insurance. Insurance obtained pursuant to this Section shall be primary insurance and other insurance (if any) maintained by LBCCD shall be excess of Licensee's insurance and shall not contribute with the insurance required hereunder.

Restrictions on Cancellation and Reduction. Each insurance policy required hereunder shall specify that the insurance company issuing the policy will give LBCCD at least thirty (30) days' written notice prior to the effective date of (a) any cancellation, interruption or lapse of coverage, and (b) any reduction in the amount, type or extent of coverage.

Waiver of Subrogation. Licensee releases LBCCD from any claims for damage to any person or property, to fixtures, personal property, improvements, and alterations thereon, that are caused by or result from risks insured against under any insurance policies carried by Licensee and in force at the time of any

such damage. Furthermore, each insurance policy shall provide that the issuing insurance company waives all rights of recovery by way of subrogation.

Verification of Coverage. Certificates of insurance and additional insured endorsement shall be submitted to District no later than 15 days prior to the Activity. Licensee shall deliver to LBCCD original certificates of insurance and endorsements evidencing and effecting insurance coverage required hereunder.

LBCCD to be Named as Additional Insured. The above general liability insurance policy shall be endorsed to include and name Long Beach Community College District, its Boards of Trustees, agents, officers, employees and volunteers as additional insureds. A separate additional insured endorsement must accompany the certificate of insurance. Each "additional insured" named thereon shall nevertheless be entitled to recover under said policy for any loss suffered by it resulting from any other named insured party.

Policy Limits Do Not Limit Licensee's Liability. The minimum limits of insurance policies required of Licensee under this Agreement shall in no Activity limit Licensee's liability under this Agreement.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 (COMPLETE)	CONTACT NAME: (COMPLETE)	
	PHONE (A/C. No. Ext):	FAX (A/C. No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED (COMPLETE)	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

Phone No. 5625728949

Fax No.

COVERAGES**CERTIFICATE NUMBER:****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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(COMPLETE)	(COMPLETE)	(COMPLETE)	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

Additional Insureds: Long Beach Community College District, its Boards of Trustees, agents, officers, employees, and volunteers

* The actual event dates may be limited. Please review the Scheduled Events form attached to this certificate.

CERTIFICATE HOLDER**CANCELLATION**

Long Beach Community College District
5000 E Lew Davis
Long Beach, CA 90805

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

Phone No.

Fax No.

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This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

Policy Number:

Insured:

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Long Beach Community College District, its Boards of Trustees, agents, officers, employees, and volunteers

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;
- B. In connection with your premises owned by or rented to you.