



County of San Diego

EVENTS PERMIT FOR UNINCORPORATED SAN DIEGO COUNTY

DEHQ Telephone: (858) 694-3614 Fax : (858) 999-8920



COMMUNITY EVENTS PERMIT INSURANCE REQUIREMENTS

The **Sponsoring Organization** and any other **Event Principals** must provide proof of insurance, INCLUDING a separate Additional Insured Endorsement Form (from a generally recognized domestic insurance carrier) for the duration of the event. Insurance requirements depend upon the **risk level of the event** and are subject to approval by County Risk Management. **Vendor or service providers** may be required to provide a certificate of insurance and an additional insured endorsement naming the County of San Diego as an additional insured.

IMPORTANT:

An **insurance policy number** must be indicated on the evidence of insurance and the additional insured endorsement.

"Claims Made" policies are generally **not acceptable.**

COMMUNITY EVENTS NO ALCOHOL SERVED OR CONSUMED

- A Certificate of Insurance for Commercial General Liability with a **\$1,000,000 per occurrence** limits of liability; **\$2,000,000 General Aggregate.** Certificate Holder should be addressed to:
County of San Diego, Risk Management Division
c/o Insurance Coordinator MS O-76
5530 Overland Avenue, Suite 210
San Diego, CA 92123
- A separate Additional Insurance Endorsement – **Form CG 2012 or CG 2026**, naming **the County of San Diego, its agents, officers, and employees** as Additional Insured.

COMMUNITY EVENTS WITH ALCOHOLIC BEVERAGES SERVED OR CONSUMED

- A Certificate of Insurance for Commercial General Liability with a **\$1,000,000 per occurrence** limits of liability; **\$2,000,000 General Aggregate.** Certificate Holder should be addressed to:
County of San Diego, Risk Management Division
c/o Insurance Coordinator MS O-76
5530 Overland Avenue, Suite 210
San Diego, CA 92123
- Evidence of Liquor Liability Insurance with a **\$1,000,000 per occurrence** limits of liability is required from the Organization pulling the ABC permit.
Host Liquor Liability is not adequate when an Alcoholic Beverage permit is purchased.
- A separate Additional Insurance Endorsement – **Form CG 2012 or CG 2026**, naming **the County of San Diego, its agents, officers, and employees** as Additional Insured.

POLICY NUMBER: XXXXXXXXX

COMMERCIAL GENERAL LIABILITY

Policy Number shall match the Policy Number on the Certificate of Liability Insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED STATE OR POLITICAL SUBDIVISIONS – PERMITS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

STATE OR POLITICAL SUBDIVISION:

**County of San Diego, its agents, officers, and employees as Additional Insured.
County of San Diego, Risk Management Division
C/O Insurance Coordinator MS O-76
5530 Overland Avenue, Suite 210
San Diego, CA 92123**

(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 any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insured does not apply to:
 - a. "Bodily injury," "property damage," "personal injury," or "advertising injury" arising out of operations performed for the state or municipality, or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard."

POLICY NUMBER: XXXXXXXXX

COMMERCIAL GENERAL LIABILITY

Policy Number shall match the Policy Number on the Certificate of Liability Insurance.

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:

**County of San Diego, its agents, officers, and employees as Additional Insured.
County of San Diego, Risk Management Division
C/O Insurance Coordinator MS O-76
5530 Overland Avenue, Suite 210
San Diego, CA 92123**

(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.