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.
# Certificate of Liability Insurance

**Date (MM/DD/YYYY):** 2/27/2014

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.

**Producer:** Hylant Group Inc-Indianapolis  
301 Pennsylvania Parkway, #201  
Indianapolis IN 46280

---

**Insured:** Non Profit Organization's Name  
Non Profit Organization's Address

(This information must match the organization applying for the ABC (Alcohol) Permit)

**Coverages Certificate Number:** 995362304

**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.

**Producer:** Hylant Group Inc-Indianapolis  
301 Pennsylvania Parkway, #201  
Indianapolis IN 46280

**Contact Information:**  
Adam Reiff  
Phone: 317-817-5139  
Fax: 317-817-5151  
E-mail: adam.reiff@hylant.com

**Insurer(s) Affording Coverage:**  
Lexington Insurance Company  
NAIC#: 19437

**Certificate Holder**

Certificate Holder is named as Additional Insured as respects to General Liability

**Mandatory in NH:** If yes, describe under DESCRIPTION OF OPERATIONS below

**Description of Operations:** Certificate Holder is named as Additional Insured as respects to General Liability

**Cancellation:**

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:**

© 1988-2010 ACORD CORPORATION. All rights reserved.
POLICY NUMBER: 013136005

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.

Name of Person or Organization:
COUNTY OF SAN DIEGO, IT’S OFFICERS, AGENTS AND EMPLOYEES
C/O INSURANCE COORDINATOR MS 0-76
5530 OVERLAND AVENUE STE 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.
POLICY NUMBER: XXXXXXXX

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 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.