

# COMMUNITY EVENTS PERMIT (CEP) 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**.

## **I. CERTIFICATE OF INSURANCE FOR COMMERCIAL GENERAL LIABILITY**

### **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, Mailstop O-226  
5500 Overland Avenue, Suite 370  
San Diego, CA 92123

### **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, Mailstop O-226  
5500 Overland Avenue, Suite 370  
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.**

## **II. SEPARATE ADDITIONAL INSURANCE ENDORSEMENT**

- A separate Additional Insurance Endorsement **naming "the County of San Diego, Its agents, officers, and employees as Additional Insured."**

**Acceptable Forms: Form CG 2012 or CG 2026 or equivalent**

# COMMUNITY EVENTS PERMIT (CEP) INSURANCE REQUIREMENTS



## OFF-SITE EVENT PARKING REQUIREMENTS

Shuttle transportation services requires insurance coverage.

If shuttle services are necessary or planned due to additional off-site parking requirements to assist movement of attendees during an event, the shuttle service provider must provide proof of insurance with the following coverage:

9 passengers and under - \$1M

10-15 passengers - \$2M

16+ passengers - \$5M

A separate Additional Insurance Endorsement **naming "the County of San Diego, Its agents, officers, and employees as Additional Insured."**

**Acceptable Forms: Form CG 2012 or CG 2026 or equivalent**

# 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 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   INSURED  <b>NON-PROFIT ORGANIZATION SPONSORING THE EVENT</b> This information must match with the sponsoring Non-Profit Organization listed on the CEP application.	Contact Name:	
	Phone (A/C No. Ext.):	FAX (A/C No. Ext.):
	Email address:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A :	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**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.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVITY (MM/DD/YYYY)	POLICY EXPIRATION (MM/DD/YYYY)	LIMITS														
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURENCE <input type="checkbox"/> AGG PER DISTRICT <input type="checkbox"/> LIQUOR LIABILITY GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>EACH OCCURENCE</b></td> <td style="text-align: right;"><b>\$ 2,000,000</b></td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Each occurrence)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><b>GENERAL AGGREGATE</b></td> <td style="text-align: right;"><b>\$ 2,000,000</b></td> </tr> <tr> <td>PRODUCTS – COMP/ OP AGG</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><b>LIQUOR LIABILITY</b></td> <td style="text-align: right;"><b>\$ 1,000,000</b></td> </tr> </table>	<b>EACH OCCURENCE</b>	<b>\$ 2,000,000</b>	DAMAGE TO RENTED PREMISES (Each occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	<b>GENERAL AGGREGATE</b>	<b>\$ 2,000,000</b>	PRODUCTS – COMP/ OP AGG	\$	<b>LIQUOR LIABILITY</b>	<b>\$ 1,000,000</b>
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Each accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><b>AGGREGATE</b></td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Each accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	<b>AGGREGATE</b>	\$				
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	<b>WORKERS COMPENSATION (WC) AND EMPLOYER'S LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED <input type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS BELOW						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> WC STATUTORY LIMIT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> OTHER</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><b>E.L. EACH ACCIDENT</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td><b>E.L. DISEASE - EACH EMPLOYEE</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td><b>E.L. DISEASE - POLICY LIMIT</b></td> <td style="text-align: right;">\$</td> </tr> </table>	<input type="checkbox"/> WC STATUTORY LIMIT	\$	<input type="checkbox"/> OTHER	\$	<b>E.L. EACH ACCIDENT</b>	\$	<b>E.L. DISEASE - EACH EMPLOYEE</b>	\$	<b>E.L. DISEASE - POLICY LIMIT</b>	\$				
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

<b>CERTIFICATE HOLDER</b>  County of San Diego, its agents, officers, and employees County of San Diego, Risk Management Division C/O Insurance Coordinator MS O-226 5500 Overland Avenue, Suite 370 San Diego, CA 92123	<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 SIGNATURE
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POLICY NUMBER: **XXXXXXXXXX**

**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-226  
5500 Overland Avenue, Suite 370  
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:

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.

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: **XXXXXXXXXX**

**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-226  
5500 Overland Avenue, Suite 370  
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.