

Insurance Requirements for SPECIAL EVENTS

- Please note, permits will be issued with the name of the insured on your policy.
- The coverage limits required depend on the event Tier Level.
- Additionally insured per Schedule Q section b. required

General Liability

Tier 1 and 2

\$1 Million each occurrence

\$2 Million aggregate.

Endorsed as Additionally Insured
per Schedule Q section b.

Tier 3 and 4

\$2 Million each occurrence

\$4 Million aggregate.

Endorsed as Additionally Insured
per Schedule Q section b.

**Additional coverages that may
be required:**

Liquor Liability \$1 Million each
occurrence

Cannabis Liability \$1 Million each
occurrence

Automobile Liability= \$1 Million.

Workers Compensation &
Employers' Liability

**The Certificate Holder
Must be:**

City of Oakland
Special Activities Permit Division
1 Frank H Ogawa Plaza, 9th Floor
Oakland, CA 946412

ACORD®		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 01/01/2024		
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).								
Insurance Producer Name & Address				CONTACT NAME: Insurance Broker PHONE (A/C, No, Ext): 000-000-0000 FAX (A/C, No): 000-000-0000 E-MAIL: insurancebroker@insurance.com ADDRESS:				
Applicant or Business or Organization Name & Address				INSURER(S) AFFORDING COVERAGE		NAIC #		
				INSURER A: Insurer		00000		
				INSURER B:				
				INSURER C:				
				INSURER D:				
				INSURER E:				
				INSURER F:				
COVERAGES CERTIFICATE NUMBER: 0000000000 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X	COMMERCIAL GENERAL LIABILITY	Y		2024-00000	01/01/2024	01/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPI/OP AGG \$ 3,000,000 \$
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
		GEN'L AGGREGATE LIMIT APPLIES PER:						
		X POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
		OTHER:						
A		AUTOMOBILE LIABILITY			2024-00000	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
		ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						
		<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						
A		UMBRELLA LIAB						EACH OCCURRENCE \$ AGGREGATE \$ \$
		EXCESS LIAB						
		DED <input type="checkbox"/> RETENTION \$ 0						
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
		If yes, describe under DESCRIPTION OF OPERATIONS below						
A								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The City of Oakland, its Councilmembers, directors, officers, agents, employees and volunteers are included as Additional Insured with respect to General Liability as required by written contract per Endorsement Form(s) CG 20 26 attached.								
CERTIFICATE HOLDER					CANCELLATION			
The City of Oakland Special Activities Permits Division 1 Frank H. Ogawa Plaza, 9th Floor Oakland CA 94612					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 <i>Authorized Representative</i>			
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ACORD 25 (2016/03)			The ACORD name and logo are registered marks of ACORD					

Additionally Insured Endorsement

POLICY NUMBER: 2024-0000
Named Insured: Name of Insured

COMMERCIAL GENERAL LIABILITY
CG 20 26 12 19

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 Additional Insured Person(s) Or Organization(s):

The City of Oakland

The City of Oakland, its Councilmembers, directors, officers, agents, employees, and volunteers.

Information required to complete this Schedule, if 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 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:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

- Additionally insured endorsement must contain the following language "The City of Oakland, its Councilmembers, directors, officers, agents, employees and volunteers." or must be a blanket endorsement.
- Both pages must be submitted to meet the City of Oakland's insurance requirement.
- We suggest your broker reference Schedule Q section b. for endorsement requirements.