COUNTY OF LOS ANGELES INSURANCE REQUIREMENTS

General Requirements and Insurance Company Ratings:

Permittees shall maintain and provide evidence of the following program(s) of insurance as indicated by the Department. Such insurance shall be primary to and not contributing with any other insurance or self-insurance programs maintained by County. Such certificates of other evidence of coverage shall include the A.M. Best rating of each insurer, which shall not be less than A:VII or its equivalent. Alternatively, Permittees may purchase general liability coverage through the County's Special Events Insurance Program to satisfy these requirements by contacting Arthur J. Gallagher Risk Management Services, Inc., at (951) 805-4101.

Insurance Certificates:

The Department of Beaches and Harbors requires an original insurance certificate, or other evidence of insurance acceptable to the County, be forwarded to our Permit section prior to commencing the permitted activity. The County reserves the right to decline to issue or to cancel any permit if Permittee's insurance or evidence of coverage does not satisfy these requirements.

Insurance Certificate must contain the following limits:

- One Million General Liability
- Two Million Aggregate

All insurance certificates must be accompanied by:

 Additional Insured Endorsement (commonly referred to as an AI) with the following language—

The County of Los Angeles, its Special Districts, elected and appointed officers, employees, agents and volunteers.

Department of Beaches and Harbors.

Insurance Ratings:

The County of Los Angeles will not accept a rating lower than a A:VII

Note:

Arthur J. Gallagher Risk Management Services, Inc., (The County Vendor for affordable special event insurance) at (951) 805-4101 or https://riskmanagement.lacounty.gov/



S-A-M-P-L-E CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/26/2016 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). CONTACT NAME: PHONE A/C, No, Ext): E-MAIL ADDRESS: FAX A/C, No): NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company 16535 INSURED INSURER B: American Zurich Insurance Company 40142 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.

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LTR		TYPE OF INSURANCE	INSR	WVD'	POLICY NUMBER	(MM/DĎ/YŸYY)	(MM/DD/YYYY)	LIMIT	S	
	GE	NERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000	
	√	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
Α			Χ			6/1/2016	6/1/2017	PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
	POLICY ECJ- LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
Α		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
 		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$							\$	
	WO	ORKERS COMPENSATION AND MPLOYERS' LIABILITY Y/N						✓ WC STATU- TORY LIMITS OTH- ER		
ь	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$	
В								E.L. DISEASE - EA EMPLOYEE	\$	
								E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										

Certificate holder is additional insured only to the extent coverage is required and available per the terms of the signed facility used agreement between the Named Insured and Certificate holder. Re: Use of Beaches

CERTIFICATE HOLDER		CANCELLATION			
	County of Los Angeles 320 W. Temple Street Los Angeles, CA 90012	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			
		Aon Risk Insurance Services West, Inc.			

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S-A-M-P-L-E

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

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 County of Los Angeles, its Special Districts, elected and appointed officers, employees, agents and volunteers	
Department of Beaches and Harbors.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

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