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 of 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 B+ 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. (AJG) at (949) 349-9825

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) – naming the County of Los Angeles Department of Beaches & Harbors as an additional insured

Insurance Ratings:
• The County of Los Angeles will not accept a rating lower than a B+

Note:
Arthur J. Gallagher Risk Management Services, Inc. (The County Vendor for affordable special event insurance) (AJG) at (949) 349-9825 or https://riskmanagement.lacounty.gov/insurance-programs-risk-transfer/
**S-A-M-P-L-E**

CERTIFICATE OF LIABILITY INSURANCE

**Contact Information**

- **Name:**
- **Address:**
- **Phone:**
- **Fax:**
- **E-mail:**

**Insurers Affording Coverage**

- **Insurer A:**
  - **Address:**
  - **NAIC #:**
- **Insurer B:**
  - **Address:**
  - **NAIC #:**
- **Insurer C:**
  - **Address:**
  - **NAIC #:**
- **Insurer D:**
  - **Address:**
  - **NAIC #:**
- **Insurer E:**
  - **Address:**
  - **NAIC #:**
- **Insurer F:**
  - **Address:**
  - **NAIC #:**

**Certificate Holder Information**

- **Address:**
- **City:**
- **State:**
- **ZIP Code:**

**Date (MM/DD/YYYY):**

**Certificate Number:**

**Revision Number:**

**Coverages**

<table>
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<tr>
<th>LTR</th>
<th>Type of Insurance</th>
<th>Subtype</th>
<th>Policy Number</th>
<th>Policy Eff (MM/DD/YYYY)</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Limits</th>
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<tbody>
<tr>
<td>A</td>
<td>General Liability</td>
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<tr>
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<td>Commercial General Liability</td>
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<td>Claims-Made</td>
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<td>6/1/2016</td>
<td>6/1/2017</td>
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<tr>
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<td>Each Occurrence</td>
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<td>General Aggregate Limit Applies Per:</td>
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<td>Policy</td>
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<td>B</td>
<td>Workers Compensation and Employers' Liability</td>
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<tr>
<td></td>
<td>Any Proprietor/Partner/Executive Officer/Member Excluded?</td>
<td>Yes</td>
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<td>If yes, describe under Description of Operations below</td>
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</tbody>
</table>

**Description of Operations / Locations / Vehicles**

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**

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.
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 Department of Beaches and Harbors
13837 Fiji Way
Marina Del Rey, CA 90292

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.