City of Calabasas
Community Services Department

INSURANCE & ENDORSEMENT REQUIREMENTS

FOR USE OF CITY OF CALABASAS PARKS & FACILITIES

The City of Calabasas requires all rental clients, tenants, and third-party vendors to provide proof of general liability insurance in the amount of $1,000,000 per occurrence. In addition, a **separate** endorsement page (often titled **CG 20 26** or similar) naming the City of Calabasas as an additional insured is required (total of two pages).

The Certificate of Liability and Additional Insured Endorsement for your event must contain the following clause:
"This insurance is primary and non-contributory with any insurance carried by the certificate holder."

First Page - The Certificate of Liability Insurance (COI) must include the following:

1. Insured's Name: The name of the individual or company (vendor, renter, or tenant) providing services.
2. Insurance Carrier: The name of the insurance company providing the coverage.
3. Policy Number: A valid policy number that matches the one listed on the endorsement.
4. Policy Dates: Coverage must be active on the event date(s).
5. Coverage Limits must meet or exceed General Liability of $1,000,000 per occurrence
6. Description of Operations: Include language such as:
   "The City of Calabasas is named as additional insured with respect to [event/service] at [location] on [date]."
7. Certificate Holder must list:

   City of Calabasas
   100 Civic Center Way
   Calabasas, CA 91302

Second Page –Additional Insured Endorsement Page (sample attached)

Please note that Certificates of Insurance without accompanying endorsement pages do not provide protection to additional insured parties—in this case, the City of Calabasas. The certificate itself includes the disclaimer:
"This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend, or alter the coverage afforded by the policy."

Because of this, a **separate endorsement page** is required to formally name the City of Calabasas as an additional insured and confirm that coverage applies as stated (sample attached). An Endorsement Page Must:

1. Name the City of Calabasas **specifically named**, as an Additional Insured not just listed as "certificate holder."
2. Match the COI Policy Number and Dates
3. Be Issued by the Insurance Company
4. Not handwritten or modified by the insured party.

Insurance policies for third-party vendors

The City of Calabasas Facility Rentals Office maintains a record of vendors who have met the City's insurance requirements and retains this documentation for the duration of the active policy period.

Forward insurance documentation for review and approval to:

City of Calabasas Reservations Office, c/o the Calabasas Community Center
27040 Malibu Hills Rd. Calabasas, CA 91301
Email: facilityrentals@cityofcalabasas.com
Phone: 818-479-8180

PSIGU-1 OP ID: RH

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 Insurance Company Name Street Address City, State, Zip Code	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Insurance company name INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Your Company Name Street Address City, State, Zip Code * Should match the company name in contract	

Complete "Limits" column as applicable; amounts may vary

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			Policy number must match the endorsement			EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / 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 $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

"X" boxes as applicable

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Example:
Certificate holder is included as an additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the name insured for which a premium has been paid.

CERTIFICATE HOLDER	CANCELLATION
CITY OF CALABASAS 100 CIVIC CENTER WAY CALABASAS, CA 91302	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 SIGN HERE

POLICY NUMBER: Policy number must match COI

COMMERICIAL GENERAL LIABILITY
CG XX XX XX XX

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
City of Calabasas 100 Civic Center Way Calabasas, CA 91302
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability:**

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, 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 in the performance of your ongoing operations or in connection with your premises owned by or rented to you.