

CERTIFICATE OF INSURANCE FOR CONCESSION CONTRACTS/SPECIAL EVENTS

ISSUE DATE

| | | |
|---------|---------|------------------------------|
| INSURER | CO. NO. | COMPANIES AFFORDING COVERAGE |
| | 1 | |
| INSURED | 2 | |
| | 3 | |

SPECIAL ENDORSEMENTS AND CONDITIONS:

1. State of California, its officers, agents, employees, and servants are included as additional insured but only as operations under this contract or permit are concerned;
2. The insurer will not cancel or reduce the insured's coverage without 30 days prior written notice to State;
3. Property damage or fire damage payments made under this/these policies shall be used to repair or rebuild the insured premises, and if not so used, such payments shall be made to the State. The proceeds of any such insurance payable to the State shall, at the discretion of the State, be used for rebuilding or repairs necessary to restore the premises.
4. Upon request, insurer shall furnish State a certified copy of the policy within fifteen days.

| CO. NO. | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---------|--|---------------|----------------------------------|-----------------------------------|-------------------------------|----|
| | GENERAL LIABILITY | | | | GENERAL AGGREGATE | \$ |
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS-COMP/OP AGG. | \$ |
| | <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. | | | | PERSONAL & ADV. INJURY | \$ |
| | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. | | | | EACH OCCURRENCE | \$ |
| | _____ | | | | FIRE DAMAGE (Any one fire) | \$ |
| | _____ | | | | MED. EXPENSE (Any one person) | \$ |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | |
| | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | | | | STATUTORY LIMITS | |
| | | | | | EACH ACCIDENT | \$ |
| | | | | | DISEASE-POLICY LIMIT | \$ |
| | | | | | DISEASE-EACH EMPLOYEE | \$ |
| | OTHER | | | | | |

This certificate or verification of insurance is not an insurance policy and does not amend or alter the existing policies.

This is to certify that the insurance and endorsements described above, are in force with named insurer for period and limits shown on behalf of the named concessionaire or permittee.

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|--------------------|---------------------------|------|
| CERTIFICATE HOLDER | AUTHORIZED REPRESENTATIVE | DATE |
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