

Insurance Requirements

To obtain a Special Event/Park Use Permit



Please refer to the insurance requirements listed below. We suggest that you provide your insurance broker/agent with a copy of these requirements and request that they provide Certificates of Insurance complete with copies of all required endorsements. Forward documents to the Park Use Coordinator via fax or mail. **Issuance of your permit cannot proceed without these documents.**

Note: “The County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively.” must be listed as an additional insured.

1. Certificate of Insurance for Commercial General Liability Insurance with coverage as indicated:

\$1,000,000 per occurrence / **\$2,000,000** aggregate limits for bodily injury and property damage.

2. Additional Insured Endorsement (similar to example):

- **Endorsement** must include reference to the **Policy Number** and the **Insured** as they appear on the Certificate.
- **Additional Covered Party:** Name of Person or Organization: County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively.
- **Primary Insurance:** The endorsement must state that coverage afforded by this endorsement shall apply as **Primary**. Other insurance maintained by the County shall be excess only and not contributing with the insurance provided under this policy.

****Note:** If your insurance company will not write an endorsement due to the way the policy is written, please contact the Park Use Coordinator at the number listed below for an alternative.

3. Cancellation Language

The Certificate of Insurance **MUST** provide 30 days notice of cancellation, except 10 days notice for non-payment of premium.

4. Please reference activity/event date and title/type of event on insurance certificate if applicable.

CERTIFICATE HOLDER MAY BE LISTED ON CERTIFICATE AS:

COUNTY OF SANTA CLARA
ATTN: PARK USE COORDINATOR
298 GARDEN HILL DRIVE
LOS GATOS, CA 95032-7669

Contact: Sabine “Beeny” Sander, Park Use Coordinator
E-mail: sabine.sander@prk.sccgov.org
Ph: (408) 355-2220 Fax: (408) 355-2290

SAMPLE ENDORSEMENT:

Any Endorsement form is acceptable. This is only a sample so you know what to look for.

<p>1. Policy No. must match certificate. 2. Must list the Insured's Name as listed on Certificate.</p>		<p>POLICY NUMBER: XXXXXXXXXXXX COMMERCIAL GENERAL LIABILITY</p> <p>INSURED: XXXXXX XXXX XXXXXXXXXXXX</p> <p>THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.</p> <p>ADDITIONAL INSURED – Endorsement</p> <p>This endorsement modifies insurance provided under the following:</p> <p>COMMERCIAL GENERAL LIABILITY COVERAGE PART.</p> <p>SCHEDULE</p> <p>Name of Person or Organization: <u>County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively.</u></p> <p>(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)</p> <p>WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.</p> <p>PRIMARY INSURANCE</p> <p>Such insurance as is afforded by this endorsement for the additional insureds shall apply as primary insurance. Any other Insurance maintained by the additional Insureds shall be excess only and not contributing with the insurance afforded by this endorsement, except in the event of sole or contributory negligence on the part of the additional insured.</p> <p>Copyright, Insurance Services Office, Inc., 1984</p>
<p>Name of Person or Organization: <u>County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively.</u> **</p>		
<p>Endorsement must also state that coverage afforded by the endorsement shall apply as Primary (wording may vary).</p>		

**The wording for the additional insured must be exact. No abbreviations or changes in the structure of the sentence will be accepted. If you find it difficult to fit the wording in the space provided on your endorsement you may simply list "See Exhibit A" under Schedule and attach a separate "Exhibit A" (additional sheet with the proper wording). Please remember to list the policy number on the additional sheet.