



CERTIFICATE OF INSURANCE FOR CITY OF SANTA MONICA

SUBMIT IN DUPLICATE

ISSUE DATE: _____

PRODUCER	THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW																				
INSURED	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">INSURERS</th> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">BEST'S RATING</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">COMPANY LETTER</td> <td style="padding: 2px;">A</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">COMPANY LETTER</td> <td style="padding: 2px;">B</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">COMPANY LETTER</td> <td style="padding: 2px;">C</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">COMPANY LETTER</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> </tbody> </table>		INSURERS		BEST'S RATING	COMPANY LETTER	A	_____	_____	COMPANY LETTER	B	_____	_____	COMPANY LETTER	C	_____	_____	COMPANY LETTER	D	_____	_____
	INSURERS		BEST'S RATING																		
COMPANY LETTER	A	_____	_____																		
COMPANY LETTER	B	_____	_____																		
COMPANY LETTER	C	_____	_____																		
COMPANY LETTER	D	_____	_____																		

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 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTORS PROT <input type="checkbox"/> LIQUOR LIABILITY <input type="checkbox"/> OTHER				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OPS AGGREGATE	\$
					PERSONAL & ADVERTISING INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MEDICAL EXPENSE (Any one person)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NONOWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> BUSINESS AUTO				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY	\$
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
	PROPERTY INSURANCE <input type="checkbox"/> COURSE OF CONSTRUCTION				AMOUNT OF INSURANCE	\$

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/RESTRICTION/SPECIAL ITEMS

THE FOLLOWING PROVISIONS APPLY:

1. None of the above described policies will be cancelled until after thirty (30) days written notice has been given to the City at the address indicated below.
2. The City, its officials, officers, employees, and volunteers are included as additional insureds on all liability insurance policies listed above.
3. It is agreed that any insurance or self-insurance maintained by the city will apply in excess of and not contribute to the insurance described above.
4. The City is named as a loss payee on the property insurance policies described above, if any.
5. All rights of subrogation under the property insurance policy listed above have been waived against the City.
6. The workers' compensation insurer named above, if any, agrees to waive all rights of subrogation against the city for injuries to employees of the insured resulting from work for the City or use of the City's premises or facilities.

CERTIFICATE HOLDER/ ADDITIONAL INSURED CITY OF SANTA MONICA	I, the undersigned, attest to the existence of coverage as specified in the certificate and herewith provide acknowledgement of the insurers listed in the certificate and that I am legally authorized by that insurer or those insurers to obligate them.
ATT: RE:	AUTHORIZED REPRESENTATIVE
	SIGNATURE: _____
	TITLE: _____
	PHONE NO.: () _____