



County of Santa Clara

Roads and Airports Department

Insurance Requirements for Special Event Permits

VER010224

A Special Event Permit cannot be granted to the applicant ("Applicant") without insurance documentation. The insurance is not immediately required when submitting a Special Event Permit application, but will be required prior to issuance of the permit. Please see the sample Certificate of Liability attached to this document.

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. **Endorsement language must support this text: "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."**

It is understood and agreed that the insurance shall not terminate or be canceled prior to the completion of the permitted activity without first giving 30 days written notice of the intention to terminate or to cancel said insurance to the County. Furthermore, the Special Event Permit is automatically revoked without further action if the insurance is permitted to lapse, is canceled or for any other reason becomes inoperative.

Insurance Requirements

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
 - 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.
3. Cancellation Language:
The Certificate of Insurance **MUST** provide 30 days' notice of cancellation, except 10 days' notice for non-payment of premium.
4. Certificate Holders should be listed on certificate as follows:
County of Santa Clara
Roads and Airports Department
Attn: Land Development /Special Event permit
101 Skyport Drive.
San Jose, CA 95110
5. If applicable, location on certificate should include Encroachment Permit number and street name(s) if the insurance is for one specific project.

Subcontractors

Contractors shall include all subcontractors as insured under its policies or shall furnish separate certificates and endorsements for each subcontractor, subject to the same requirements for the contractor.

Sample Certificate of Liability



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

Must be valid for duration of permit activity, to be renewed until work is done.

CONTACT NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

Permittee

INSURER A :

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	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"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accidnt) \$ PROPERTY DAMAGE (Per accidnt) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Minimum coverage amounts required

Sample Only

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

Include project name and location or indicate if annual insurance submittal.

CERTIFICATE HOLDER

CANCELLATION

County of Santa Clara
Roads and Airports Department
Attn: Land Development / Special Event Permits
101 Skyport Drive.
San Jose, CA 95110

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

County of Santa Clara must be the certificate holder.

Sample Content for Additional Insured Endorsement

SAMPLE ENDORSEMENT:

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

**1. Policy No. must match certificate.
2. Must list the Insured's Name as listed on Certificate.**

POLICY NUMBER: XXXXXXXXXXXX COMMERCIAL GENERAL LIABILITY

INSURED: XXXXXX XXXX XXXXXXXXXXXX

THIS ENDORSEMENT CHANGES THE POLICY. PLEAES READ IT CAREFULLY.

ADDITIONAL INSURED – Endorsement

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

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.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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.

PRIMARY INSURANCE

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.

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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. **

Endorsement must also state that coverage afforded by the endorsement shall apply as Primary (wording may vary).

**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.