

**COUNTY OF ORANGE  
INSURANCE REQUIREMENTS  
PERMITTEES**

Permittees shall be required to provide a Certificate of Insurance evidencing General Liability Insurance with a **minimum** limit per occurrence of One Million Dollars (\$1,000,000) and an aggregate of Two Million Dollars (\$2,000,000). The Certificate of Insurance as well as an Additional Insured Endorsement shall name the County of Orange, its elected and appointed officials, officers, agents and employees as Additional Insured using ISO endorsement CG 20 26 07 04, or a form at least as broad. Blanket coverage may also be provided which will state **AS REQUIRED BY WRITTEN CONTRACT**. The Commercial General Liability policy shall provide primary and non-contributory coverage with ISO endorsement CG 20 01 04 13, or a form at least as broad. (Refer to items 2 and 3 below).

The policy of insurance must be issued by an insurer with a minimum rating of A- (Secure A.M. Best's Rating) and VIII (Financial Size Category as determined by the most current edition of the **Best's Key Rating Guide/Property-Casualty/United States or ambest.com**). It is preferred, but not mandatory, that the insurer be licensed to do business in the state of California (California Admitted Carrier).

If the insurance carrier does not have an A.M. Best Rating of A-/VIII, the CEO/Office of Risk Management retains the right to approve or reject a carrier after a review of the company's performance and financial ratings.

The Permittee must give the County of Orange thirty (30) days written notice prior to cancellation of coverage (Refer to item 4 below).

Permittee shall ensure that all vendors performing work on behalf of Permittee pursuant to this Permit shall be covered under Permittee's insurance as an Additional Insured or maintain coverage as set forth herein for Permittee. Permittee shall not allow vendors to work if vendors have less than the level of coverage required by County from Permittee under this Permit. It is the obligation of Permittee to provide notice of the insurance requirements to every vendor and to receive proof of insurance prior to allowing any vendor to begin work. Such proof of insurance must be maintained by Permittee for inspection by County representatives at any reasonable time.

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**Certificate of Insurance and Endorsements Instructions:**

1. The certificate holder shall be County of Orange C/O OC Park Permits, 13042 Old Myford Road, Irvine, CA 92602. The name of the event or use for the permit shall be stated in the Description of Operations section of the Certificate of Insurance.
2. Additional Insured shall be specifically spelled out in the Description of Operations section of the certificate of insurance as well as on the Additional Insured Endorsement. The Additional Insured coverage shall be provided using ISO endorsement CG 20 26 07 04 or a form at least as broad and can provide specific or blanket coverage which shall state the following:

**COUNTY OF ORANGE, its elected and appointed officials, officers, agents and employees, or AS REQUIRED BY WRITTEN AGREEMENT for blanket coverage.**

3. Primary and non-contributory coverage shall be provided using ISO endorsement CG 20 01 04 13, or a form at least as broad.

**NAMING THE COUNTY OF ORANGE AS ADDITIONAL INSURED AND PROVIDING PRIMARY AND NON-CONTRIBUTORY WORDING ON THE CERTIFICATE ONLY IS NOT**

**ACCEPTABLE AND YOUR INSURANCE WILL BE REJECTED. THERE ARE ABSOLUTELY NO EXCEPTIONS TO THIS POLICY.**

4. Permittee shall notify the County in writing within thirty (30) days of any policy cancellation and ten (10) days for non-payment of premium and provide a copy of the cancellation notice to County. Failure to provide written notice of cancellation may constitute a material breach of the Permit, upon which the County may suspend or terminate this Permit.
5. The certificate shall show the name of the insured, the expiration date of the policy, the coverage provided, the limits of insurance, declare any self-insured retention (SIR) in excess of Fifty Thousand Dollars (\$50,000), and specify the name of the insurance company and NAIC number providing coverage.

Attached you will find a sample of an Additional Insured Endorsement and a primary and non-contributory endorsement. Other endorsements may be provided that provide at least as broad coverage as the indicated endorsements.

Should you require any further clarification or desire additional information, please contact OC Park Permits at (866)627-2757.

(2017 Park Permit)

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

## SAMPLE CERTIFICATE

Insurance Agency

Name &amp; Address

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 POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

### COMPANIES AFFORDING COVERAGE

COMPANY

A Insurance Company NAIC#

INSURED

Insured's name &amp; address

COMPANY

B

COMPANY

C

COMPANY

D

### COVERAGES

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 TO PAY CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	ABC 123456	1/1/2017	1/1/2018	GENERAL AGGREGATE	\$2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> OWNER'S & CONT PROT				EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
A	<b>AUTOMOBILE LIABILITY</b>				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					
A	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	<b>WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				STATUTORY LIMITS	\$
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL				EACH ACCIDENT	\$
	<input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT	\$
					DISEASE - EACH EMPLOYEE	\$
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

County of Orange, its elected and appointed officials, officers, employees and agents are included as an Additional Insured with primary and non-contributory coverage. (See items 2 and 3 on page A of County of Orange Insurance Requirements Permittes).

Name of Event or Use for the Permit shall be stated here.

#### CERTIFICATE HOLDER

COUNTY OF ORANGE  
OC PARK PERMITS  
13042 Myford Road  
IRVINE, CA 92602

#### CANCELLATION

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

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
<p><b>COUNTY OF ORANGE, its elected and appointed officials, officers, agents, and employees</b></p> <p><b>OR</b></p> <p><b>AS REQUIRED BY WRITTEN AGREEMENT</b></p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

SPECIMEN