San Ramon Valley Unified School District Facilities Use Department FacUse@srvusd.net ♦ (925) 824-1883

Insurance Requirements

MUST PROVIDE

1.) Certificate of Liability Insurance:

Certificate Holder:

AND

San Ramon Valley Unified School District 3280 Crow Canyon Road San Ramon, CA 94583

- 2.) Endorsement: (form CG 20) naming the San Ramon Valley Unified School District, its board members, agents, employees, and consultants as additional insured under the respective policies.
- Minimum insurance limits are \$1 million for liability coverage for bodily injury AND property damage (Damage to Rented Premises) per occurrence with an aggregate limit of no less than \$2 million and SRVUSD <u>must</u> be named as ADDITIONAL INSURED with ENDORSEMENT.

> <u>To upload a new insurance policy into Civic Permit as a PDF file:</u>

Go to the Facility Use Civic Permits Website, click, "insurance policies" and click the button that allows you to upload your insurance documents into Civic Permits. If you are unable to upload your documents please, email a copy to <u>sgallet@srvusd.net</u>.

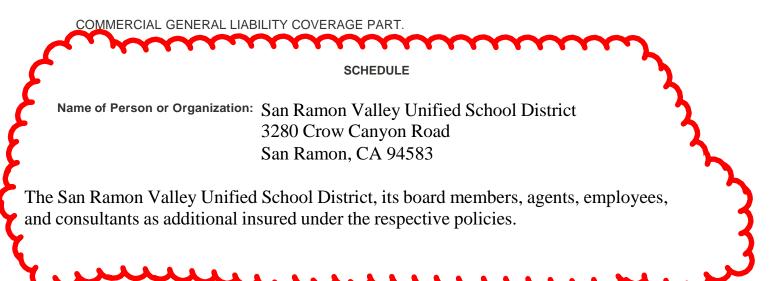
IMPORTANT If we do not obtain a copy of your insurance paperwork within <u>2 weeks of your</u> request, your application will be automatically dropped from the system and you will have to resubmit your request.

			III I INQURA		1	2/0/2010	
ODUCEF						3/8/2012	
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFIC							
			HOLDER. T	HIS CERTIFICAT	TE DOES NOT AMEND, I	EXTEND OR	
				E COVERAGE A	FFORDED BY THE POLIC	BELOW.	
						NAIC #	
NSURED REPORTED YOUR group name here							
				n an			
		0	ASURER B:				
	DATAXIAK DAHAR DAHAR DAHAR BADA		INSURER C:				
USU DANDAG 2010 USU DANGAGURA DAN			INSURER D:	INSURER D:			
			INSURER E:				
OVER/	AGES						
	DLICIES OF INSURANCE LISTED BELOW HAVE I						
MAY PER	RTAIN, THE INSURANCE AFFORDED BY THE	POLICIES DESCRIBED HEREIN IS SUB				Y N	
POLICIES	ES. AGGREGATE LIMITS SHOWN MAY HAVE BE	EEN REDUCED BY PAID CLAIMS.					
INSRD		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRA ON DATE (MM/DD/ 1)	LIMI	rs	
	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000	
	X COMMERCIAL GENERAL LIABILITY		03-28-12	03=28-13	PREMISES (Ea occurence)	\$ 1,000,000	
					MED EXP (Any one person)	\$ 5,000	
	<u> </u>				PERSONAL & ADV INJURY	\$ 1,000,000	
	_I				GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIESPER:				PRO UCTS - COMP/OP AGG	\$	
_	POLICY PRO- JECT LOC						
					COMBINED SINGLE LIMIT	\$	
	ANYAUTO				(Ea accident)		
	ALLOWNED AUTOS				BODILY INJURY	\$	
	SCHEDULED AUTOS				(Per person)	•	
	HIRED AUTOS				BODILY INJURY	\$	
	NON-OWNED AUTOS				(Per accident)	•	
					PROPERTY DAMAGE	\$	
					(Per accident)	*	
					AUTO ONLY - EA ACCIDENT	\$	
	ANYAUTO				OTHER THAN EA ACC	\$	
	I				AUTO ONLY: AGG	\$	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
					AGGREGATE	\$	
	⊢ ₁					\$	
	DEDUCTIBLE					\$	
-	RETENTION \$				WC STATU- OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					TORY LIMITS ER		
ANY	PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$	
	ICER/MEMBER EXCLUDED? s. describe under				E.L. DISEASE - EA EMPLOYEE	\$	
SPECIAL PROVISIONS below					E.L. DISEASE - POLICY LIMIT	\$	
OTH	ΊΕΚ						
				Į			
CRIPTI	ION OF OPERATIONS / LOCATIONS / VEHICLE	S / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PROVISIONS	5			
erti	ificate Holder is Named A	dditional Insured					
A							
-							
rtifi	ICATE HOLDER		CANCELLATI	ON			
C	on Domon Walley II. E. J.C.	haal District	SHOULD ANY O	F THE ABOVE DESCRIB	ED POLICIES BE CANCELLED BEF		
San Ramon Valley Unified School District			DATE THEREOF	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN			
3280 Crow Canyon Road				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
San Ramon, CA 94583			IMPOSE NO OB	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. TO THE INSURER, ITS AGENTS OF ANY KIND UPON THE INSURER, ITS AGENTS OR AUTHORIZED REPRESENTATIVES. TO THE INSURE A CONTRACT A			
L			REPRESENTATI	VES.		XXXXXXX X	
	t _		AUTHORIZED RE	PRESENT		MINIMAX	
	Maria						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-DESIGNATED PERSONOR ORGANIZATION

This endorsement modifies insurance provided under the following:



(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.