



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2024

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 have ADDITIONAL INSURED provisions or 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 Name & Address of Producer	CONTACT NAME: Insurance contact Name	FAX (A/C, No): Fax	
	PHONE (A/C, No, Ext): Insurance contact phone	E-MAIL ADDRESS: insurance contact email	
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Insurance Agency			NAIC#
INSURED Name & Address of Insured	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 24-25

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			Policy Number	Eff Date	Exp Date	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Policy Number	Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ Nil			Policy Number	Eff Date	Exp Date	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Policy Number	Eff Date	Exp Date	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Production Package						See Attached	See Attached

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

The City of Petaluma, its officers, officials, employees, agents, and volunteers are included as Additional Insured on the General Liability Policy with respect to claims arising out of the negligence of the Named Insured. Coverage is primary and non-contributory if required by written contract. Include waivers of subrogation if required by written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Petaluma 11 English Street Petaluma CA 94952	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 Signature
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ADDITIONAL REMARKS SCHEDULE

AGENCY Name of Agency		NAMED INSURED Name of Insured	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

INSURED:

Policy Name

COMPANY:

POLICY

PERIOD:

COVERAGE	LIMIT	DEDUCTIBLE
Props/Sets/Wardrobe	\$1,000,000	\$1,500
Third Party Property Damage	\$1,000,000	\$1,500
Miscellaneous Rented Equipment	\$1,000,000	\$2,500

Coverage: Special Form

Valuation: Legal Liability (per terms of Rental Agreement)

Territory: Worldwide (including transit)

There is no exclusion for theft of equipment from an unattended vehicle.

Hired Auto Physical Damage:

Limit: Included in Miscellaneous Equipment

Deductible: 10% of Loss, \$3,500 Minimum, \$7,500 Maximum

Valuation: Actual Cash Value

Named Insured: Name of Insured
Policy Number: POLICY NUMBER



Additional Insured Endorsement - Production – ENTGL 018 01 19 Policy
Amendment – Commercial General Liability

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)
Persons or organizations as described in this endorsement.
The City of Petaluma, its officers, officials, employees, agents, and volunteers

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations)

I. Who Is An Insured

It is agreed that **Section II – Who Is An Insured** is amended to include the following:

- A. Any person(s) or organization(s) from whom you lease a premises or land, are added as additional insureds, but only to the extent of liability arising out of the ownership, maintenance or use of that part of such premises or land leased to you.

This insurance does not apply to:

- 1. Any **occurrence** which takes place after you cease to:
 - a. Be a tenant in that premises; or
 - b. Lease the land; and
- 2. Structural alterations, new construction or demolition operations performed by or on behalf of the additional insured.
- B. Any state or governmental agency or subdivision or political subdivision are added as additional insureds, but only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

This insurance does not apply to:

- 1. **Bodily injury, property damage or personal and advertising injury** arising out of operations performed for the federal government, state or municipality; or
- 2. **Bodily injury or property damage** included within the **products-completed operations hazard**.
- C. Any person(s) or organization(s) from whom you lease equipment or props, sets and wardrobe when you have agreed in writing in a contract or agreement that such person(s) or organizations(s) be added as an additional insured. However:
 - 1. Such person(s) or organization(s) is an insured only with respect to liability for **bodily injury**,

property damage or **personal and advertising injury** caused, in whole or in part, by your maintenance, operation or use of equipment or props, sets and wardrobe leased to you by such person(s) or organization(s); and

2. A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment or props, sets and wardrobe ends.

This insurance does not apply to any **occurrence** that takes place after the equipment or props, sets and wardrobe lease expires.

D. Any:

1. Financial institution or entity that has a fiduciary interest in your business;
2. Payroll service;
3. Advertising agency or advertiser; or
4. Distributor

when you have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as additional insured. However:

1. Such person(s) or organization(s) is an insured only with respect to liability for **bodily injury, property damage** or **personal and advertising injury** caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf;in the performance of your ongoing operations.
2. A person's or organization's status as an additional insured under this endorsement ends when your operations under the contract or agreement with the additional insured are completed.

This insurance does not apply to any **occurrence** that takes place after all work on the project stated in the contract or agreement has been completed.

E. All personal service or loan out company while acting within the scope of their duties for you when you have agreed in writing in a contract or agreement that such personal service or loan out company be added as additional insured. However:

1. Such personal service or loan out company is an insured only with respect to liability for **bodily injury, property damage** or **personal and advertising injury** caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf;in the performance of your ongoing operations.
2. A personal service or loan out company's status as an additional insured under this endorsement ends when your operations under the contract or agreement with the additional insured are completed.

This insurance does not apply to any **occurrence** that takes place after all work on the project stated in the contract or agreement has been completed.

However:

1. The insurance afforded to person(s) or organization(s) that qualify as additional insureds under this endorsement only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

II. **Limits of Insurance**

For the purposes of coverage provided by this endorsement, **Section III – Limits of Insurance** is amended to the extent necessary to include the following:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- A. required by the contract or agreement; or
- B. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

Any payments we make under this endorsement will be part of and not in addition to the applicable Limits of Insurance shown in the Declarations.

III. **Primary and Noncontributory Insurance Provision**

For the purposes of coverage provided by this endorsement, the **Other Insurance** provision in **Section IV – Commercial General Liability Conditions** is modified to the extent necessary to provide for the following and supersedes any provision to the contrary:

This insurance is primary to and will not seek contribution from any other insurance available to any of the person(s) or organization(s) that qualify as an additional insured under this endorsement provided:

- A. The additional insured is a Named Insured under such other insurance; and
- B. You agreed in a fully executed contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured before the loss obligating such additional insured to meet these conditions.

IV. All other terms and conditions of the policy remain unchanged.

Named Insured: NAME OF INSURED

Policy Number: POLICY NUMBER



Blanket Waiver of Subrogation Endorsement – ENTGL 020 01 19

Policy Amendment – Commercial General Liability

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person(s) or Organization(s)
<p>Any person or organization as required by written contract or agreement prior to loss</p> <p>The City of Petaluma, its officers, officials, employees, agents, and volunteers</p>

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations)

I. Waiver of Subrogation Condition

It is agreed that the Paragraph **8. Transfer Of Rights of Recovery Against Others To Us** of **Section IV – Commercial General Liability Conditions** is amended to the extent necessary to provide the following:

We waive any right of recovery we may have against the person(s) or organization(s) described in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or **your work** done under a contract with such person(s) or organization(s) and included in the **products-completed operations hazard**. This waiver applies only to the person(s) or organization(s) stated in the Schedule above and will not be broader than that which you are required to provide in the contract or agreement with such person(s) or organization(s).

II. All other terms and conditions of the policy remain unchanged.

Named Insured: NAME OF INSURED

Policy Number: POLICY NUMBER

Additional Insured – Primary and Non-Contributory With Other Insurance - CA 71 06 07 17

Policy Amendment

**This Endorsement modifies insurance provided under the:
Business Auto Coverage Form**

Scheduled Persons or Organizations

With Respect to Designated Project or Contract

The City of Petaluma, its officers, officials, employees, agents, and volunteers

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

- A. Section II - Covered Autos Liability Coverage, A. Coverage, 1. Who Is An Insured, c. is amended to include the following:

Any person or organization shown above who is required under written contract or agreement between you and that person or organization, that is signed and executed by you before the **bodily injury** or **property damage** occurs and that is in effect during the policy period, to be named as an additional insured is an insured for Liability Coverage, but only for damages to which this insurance applies and only to the extent that person or organization qualifies as an insured under the Who Is An Insured provision contained in Section II.

- B. Section IV - Business Auto Conditions, B. General Conditions, 5. Other Insurance is amended to include the following:

Regardless of the provisions of paragraph a. and paragraph d. of this part 5. Other Insurance, if the scheduled person or organization shown above has other insurance under which it is the first named insured and that insurance also applies, then this insurance is primary to and non-contributory with that other insurance when the written contract or agreement between you and that scheduled person or organization, that is signed and executed by you before the **bodily injury** or **property damage** occurs and that is in effect during the policy period, re-quires this insurance to be primary and non-contributory.

All other terms and conditions of the policy remain unchanged.

This form must be attached to Change Endorsement when issued after the policy is written. One of the **Allianz Global Risks US Companies** as named in the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: NAME OF INSURED
Endorsement Effective Date: DATE

SCHEDULE

<p>Name(s) Of Person(s) Or Organization(s): ANY PERSON OR ORGANIZATION WHERE YOU HAVE AGREED IN A WRITTEN CONTRACT OR AGREEMENT, EXECUTED BEFORE THE LOSS, TO WAIVE ANY OF ALL RIGHTS OF RECOVERY.</p> <p>The City of Petaluma, its officers, officials, employees, agents, and volunteers</p>
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Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.