**Certificate of Liability Insurance Requirements**

**MEDIUM HAZARD USE**

As required by your contract terms, a Certificate of Liability Insurance with Additional Insured Endorsement must be provided to us directly by your insurance agent. All sections must be completed as shown in the example below.

**DISCLAIMER:** PLEASE REFER TO THE AGREEMENT BETWEEN THE CITY OF PALMDALE AND THE CONTRACT HOLDER FOR SPECIFIC INSURANCE REQUIREMENTS. IT IS RECOMMENDED THAT THE CONTRACT HOLDER PROVIDE A COPY OF THE INSURANCE REQUIREMENTS IN THE CONTRACT TO THE INSURANCE COMPANY FOR REVIEW AND COMPLIANCE.

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**CERTIFICATE OF LIABILITY INSURANCE**

This certificate is issued as a matter of information only and conveys 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).

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**Insurance Agent Name/Address**

**Insured’s Name/Address**

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**COVERAGE**

**CERTIFICATE NUMBER:** XXXXXXXX  **REVISION #:**

**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.**

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**PRODUCER**

**Producer Name / Address**

**INSURED**

**Insurance Agent Name / Address**

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**MEDICAL INSURANCE**

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES /** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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**CERTIFICATE HOLDER CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH POLICY PROVISIONS.**

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**AUTHORIZED REPRESENTATIVE**

**Authorized Representative’s Signature**

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**Submit Certificate of Liability Insurance & Additional Insured Endorsement to:**

City of Palmdale
Department of Parks & Recreation
827 East Avenue Q-9
Palmdale, CA 93550

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**See next page for required Additional Insured Endorsement sample.**
**Additional Insured Endorsement Requirements**

You must submit your Additional Insured Endorsement with your Certificate of Liability Insurance. All sections must be completed as shown in the example below.

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**POLICY NUMBER:**

1. **COMMERCIAL GENERAL LIABILITY**

   THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

   ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

   This endorsement modifies insurance provided under the following:

   2. COMMERCIAL GENERAL LIABILITY COVERAGE PART
      COMMERCIAL AUTO LIABILITY COVERAGE PART
      LIQUOR LIABILITY COVERAGE PART
      SEXUAL ABUSE & MOLESTATION PART

   SCHEDULE

   Name of Additional Insured Person(s) or Organization(s):
The City of Palmdale, Housing Authority, Palmdale Finance Authority, and their officers, agents, employees and volunteers are named as additional insureds.

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**NOTE:** Your insurance carrier must be located in and licensed to business in the State of California.