

INSURANCE REQUIREMENTS FOR RESERVATIONS AT LBCC

INSURANCE

Licensee shall at its expense maintain in full force and effect policies of insurance to specifically insure Licensee's performance of the indemnity provisions contained below as to liability for injury to or death of persons and injury or damage to property as follows:

General Liability. Commercial General Liability with minimum limits of \$1,000,000 per occurrence, \$1,000,000 Personal Injury and Advertising Liability, \$500,000 Fire Legal Liability, and \$3,000,000 General Aggregate.

Professional Liability. Professional Liability Insurance (errors and omissions) with a minimum of \$1,000,000 per claim, and \$1,000,000 aggregate.

Property Coverage. Licensee shall procure and maintain at all times during the term of this Agreement a policy or policies of insurance covering loss or damage to all business personal property in about the Facilities where Licensee's Activity is located. Such policies shall cover property for the full replacement value and for the perils of "all risks" including but not limited to sprinkler leakage, water damage, and valuable papers.

Crime Coverage. \$250,000 limit crime insurance including but not limited to theft for money and securities owned and in the care, custody and control of Licensee.

Workers' Compensation Insurance. Licensee shall maintain Workers' Compensation insurance in amounts required by law.

Automobile Liability Insurance. \$2,000,000 combined single limit per occurrence for owned, scheduled, non-owned, and hired automobiles.

Qualifications of Insurers. Each policy shall be issued by an insurance company having an "A. M. Best's Rating" of at least B+ and having a "Financial Size Categories" rating of at least VII in the most current edition of "A. M. Best's Insurance Reports" issued by A.M. Best Company. In addition, each policy shall be issued by an "admitted" insurance company (*i.e.*, one that is qualified and licensed to do business in the State of California).

Primary Insurance. Insurance obtained pursuant to this Section shall be primary insurance and other insurance (if any) maintained by LBCCD shall be excess of Licensee's insurance and shall not contribute with the insurance required hereunder.

Restrictions on Cancellation and Reduction. Each insurance policy required hereunder shall specify that the insurance company issuing the policy will give LBCCD at least thirty (30) days' written notice prior to the effective date of (a) any cancellation, interruption or lapse of coverage, and (b) any reduction in the amount, type or extent of coverage.

Waiver of Subrogation. Licensee releases LBCCD from any claims for damage to any person or property, to fixtures, personal property, improvements, and alterations thereon, that are caused by or result from risks insured against under any insurance policies carried by Licensee and in force at the time of any

such damage. Furthermore, each insurance policy shall provide that the issuing insurance company waives all rights of recovery by way of subrogation.

Verification of Coverage. Certificates of insurance and additional insured endorsement shall be submitted to District no later than 15 days prior to the Activity. Licensee shall deliver to LBCCD original certificates of insurance and endorsements evidencing and effecting insurance coverage required hereunder.

LBCCD to be Named as Additional Insured. The above general liability insurance policy shall be endorsed to include and name Long Beach Community College District, its Board of Trustees, agents, officers, employees, and volunteers as additional insureds. A separate additional insured endorsement must accompany the certificate of insurance. Each "additional insured" named thereon shall nevertheless be entitled to recover under said policy for any loss suffered by it resulting from any other named insured party.

Policy Limits Do Not Limit Licensee's Liability. The minimum limits of insurance policies required of Licensee under this Agreement shall in no Activity limit Licensee's liability under this Agreement.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER
(Complete)

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.

INSURED
(Complete)

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: (Complete)

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <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	(Complete)	(Complete)	(Complete)	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 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 accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	(Complete)	(Complete)	(Complete)	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Long Beach Community College District and the Long Beach Community College District Board of Trustees are named as Additional Insured per the attached (???) with respects to the use of the stadium facilities during the period of (???)

CERTIFICATE HOLDER

Long Beach Community College District
 4901 E. Carson Street
 Long Beach, CA 90808

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NO.: (CURRENT POLICY NUMBER HERE)

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 Person or Organization: **LONG BEACH COMMUNITY COLLEGE DISTRICT AND ITS BOARD OF TRUSTEES**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or be coming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from the district.

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

WHO IS INSURED: Section (1) 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 own or rented by you.