

Los Angeles Unified School District

SAMPLE CERTIFICATE OF INSURANCE

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)																																																																																																																																																																									
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 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 AGENT/BROKER WHO ISSUES CERTIFICATE			CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:																																																																																																																																																																										
INSURED NAME OF INSURED Must be the legal name of the contracting party			INSURER(S) AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:																																																																																																																																																																										
COVERAGES CERTIFICATE NUMBER: 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. <table border="1"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL SUBR</th> <th>POLICY NUMBER</th> <th>POLICY EFF</th> <th>POLICY EXP</th> <th>LIMITS</th> </tr> <tr> <th></th> <th></th> <th>INSR WVD</th> <th></th> <th>(MM/DD/YYYY)</th> <th>(MM/DD/YYYY)</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>GENERAL LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE \$ 1,000,000</td> </tr> <tr> <td></td> <td>☒ COMMERCIAL GENERAL LIABILITY</td> <td>☒</td> <td></td> <td></td> <td></td> <td>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000</td> </tr> <tr> <td></td> <td>☐ CLAIMS-MADE ☐ OCCUR</td> <td></td> <td></td> <td></td> <td></td> <td>MED EXP (Any one person) \$ 5,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PERSONAL & ADV INJURY \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>GENERAL AGGREGATE \$ 2,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COM/PROP AGG \$ 2,000,000</td> </tr> <tr> <td></td> <td>GEN'L AGGREGATE LIMIT APPLIES PER:</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>☐ POLICY ☐ PROTECT ☐ LOC</td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>AUTOMOBILE LIABILITY</td> <td>☒</td> <td></td> <td></td> <td></td> <td>COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000</td> </tr> <tr> <td></td> <td>☒ ANY AUTO</td> <td></td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per person) \$</td> </tr> <tr> <td></td> <td>☒ ALL OWNED AUTOS</td> <td>☒ SCHEDULED AUTOS</td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per person) \$</td> </tr> <tr> <td></td> <td>☒ HIRED AUTOS</td> <td>☒ NON-OWNED AUTOS</td> <td></td> <td></td> <td></td> <td>PROPERTY DAMAGE (Per accident) \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>UMBRELLA LIAB</td> <td>☐</td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE \$</td> </tr> <tr> <td></td> <td>EXCESS LIAB</td> <td>☐</td> <td></td> <td></td> <td></td> <td>AGGREGATE \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>DED</td> <td>RETENTION \$</td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td> <td></td> <td></td> <td></td> <td></td> <td>WC STATUTORY LIMITS</td> </tr> <tr> <td></td> <td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)</td> <td>Y/N</td> <td></td> <td></td> <td></td> <td>OTH-ER</td> </tr> <tr> <td></td> <td>If yes, describe under DESCRIPTION OF OPERATIONS below</td> <td>N/A</td> <td></td> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$ 1,000,000</td> </tr> </tbody> </table>						INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS			INSR WVD		(MM/DD/YYYY)	(MM/DD/YYYY)			GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000		☒ COMMERCIAL GENERAL LIABILITY	☒				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000		☐ CLAIMS-MADE ☐ OCCUR					MED EXP (Any one person) \$ 5,000							PERSONAL & ADV INJURY \$ 1,000,000							GENERAL AGGREGATE \$ 2,000,000							PRODUCTS - COM/PROP AGG \$ 2,000,000		GEN'L AGGREGATE LIMIT APPLIES PER:					\$		☐ POLICY ☐ PROTECT ☐ LOC					\$		AUTOMOBILE LIABILITY	☒				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		☒ ANY AUTO					BODILY INJURY (Per person) \$		☒ ALL OWNED AUTOS	☒ SCHEDULED AUTOS				BODILY INJURY (Per person) \$		☒ HIRED AUTOS	☒ NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$							\$		UMBRELLA LIAB	☐				EACH OCCURRENCE \$		EXCESS LIAB	☐				AGGREGATE \$							\$		DED	RETENTION \$				\$		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)	Y/N				OTH-ER		If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ 1,000,000							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Los Angeles Unified School District & the Board of Education of the City of Los Angeles are included as additional insured with respects to General Liability and Auto Liability.																																																																																																																																																																													
CERTIFICATE HOLDER Los Angeles Unified School District & the Board of Education of the City of Los Angeles 333 South Beaudry Ave., 28th Floor Los Angeles, CA 90017			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																																																																																																																																																																										

ACORD 25 (2010/05)

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TYPES OF INSURANCE

Must include the types of insurance required by contract.

LIMITS OF INSURANCE

Must be the same or greater than required by contract.

ADDITIONAL INSURED

CERTIFICATE HOLDER

Abuse and Sexual Molestation coverage (applicable when youth are involved in any capacity)
\$1,000,000 per occurrence/\$1,000,000 aggregate
Can be listed in general liability or Description of Operations