FILM INSURANCE CERTIFICATE REQUIREMENTS FOR THE ANGELES NATIONAL FOREST



ACORD CER	TIFICA	TE OF LI	ABILITY II	NSURA	NCE	DATE (MM/DD/YYYY)	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INTREPRESENTATIVE OR PRODUCER, A	SURANCE DO	EGATIVELY AMEN	ID, EXTEND OR AL TUTE A CONTRACT	TER THE CO	VERAGE AFFORDED E	Y THE POLICIES	
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	, certain poli						
RODUCER	sement(s).		CONTACT NAME:				
NSURANCE AGENT NAME & ADDRESS			DHONE	PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:			
			ADDRESS:				
			PRODUCER CUSTOMER ID #:				
INSURED			INSURER(S) AFFORDING COVERAGE NAIC ≠ INSURER A : INSURANCE COMPANY NAME(S)				
INSURED NAME & ADDRESS							
			INSURER B:				
			INSURER C :	INSURER D :			
			INSURER E :				
			INSURER F :		_		
OVERAGES CER	RTIFICATE N	UMBER:	INSUNERF.		REVISIO NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREMENT, PERTAIN, THE	TERM OR CONDITION OF THE TERM OR CONDITION OF THE TERM OR CONDITION OF THE TERM OF T	ON OF ANY NTRAC RDED BY THE OLICI WE BEEN REDU BY	T OR OTHER ES DESCRIBE Y PAID CLAIMS	NA ABOVE FOR TO ENT WITH RESPE D REIN IS SUBJECT TO	CT TO WHICH THIS	
R TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	POLICY	POLICY EY	LIMIT	rs	
GENERAL LIABILITY ✓ COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	€ 1,000,000	
✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE					MED EXP (Any one person)	\$	
CLAIMS-MALE OCCUR	PC	DLICY NU' RER	POLICY	PERIOD	PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	6	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPYOP AGG	\$	
POLICY PRO- Loc					PRODUCTS-COMPTOP NGG	\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	6	
ANY AUTO			M		(Es accident)	· .	
ALL OWNED AUTOS					BODILY NURY (Perperson)	6	
SCHEDULED AUTOS					BODILY NURY (Peraccident) PROPERTY DAMAGE		
HIREDAUTOS					(Peraccident)	\$	
NON-OWNED AUTOS						\$	
						8	
UMBRELLA LIAB					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DEDUCTIBLE						\$	
RETENTION \$					I INCOTATI I IOTI	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y J N					WCSTATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N				E.L. EACH ACCIDENT	8	
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC IS UNDERSTOOD AND AGREED GRICULTURE, IS ADDITIONALLY I ISURED.	THAT THE U	INITED STATES	OF AMERICA, ANG CTS LIABILITY AR	ELES NATIO			
ERTIFICATE HOLDER			CANCELLATION	1			
IS Government, ISDA, Forest Service				ON DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		
701 N. Santa Anita Ave. Arcadia, CA, 91006		AUTHORIZED REPRESENTATIVE					
CORD 25 (2009/09)	The ACO	RD name and logo	© 1 are registered mar		ORD CORPORATION.	All rights reserve	

COVERAGES

- Commercial General Liability
- Acord 25 (2009/09) form must be used.

MINIMUM LIMITS

•\$1,000,000 per occurrence.

ADDITIONAL INSURED

- •US Government
- United StatesDepartment ofAgriculture
- •Angeles National Forest Service
- Additional insured endorsement must be attached to certificate upon submission. (See page 2 for sample.)

- 1) **Description of Operations**: "It is understood and agreed that the United States of America, Angeles National Forest, US Department of Agriculture, is additionally insured solely as respects liability arising from operations of the named insured."
- 2) Certificate Holder: US Government, USDA, Forest Service, 701 N. Santa Anita Ave., Arcadia, CA 91006.

ADDITIONAL INSURED ENDORSEMENT FORM FOR THE ANGELES NATIONAL FOREST



POLICY NUMBER:

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:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

It is understood and agreed that the United Stans of America, Ingeles National Forest, US Department of Agriculture, is additional insured solely as respects liability arising from operations of the named in Ired.

US Government USDA Forest Service 701 N. Santa Anita Ave.

Arcadia, CA 91006

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

WHO IS AN INSURED (Section is ar ... to include as an insured the person or organization shown in the Schedule as an insured but only it is aspect to liability arising out of your operations or premises owned by or rented to you.

ADDITIONAL INSURED

"It is understood and agreed that the United States of America, Angeles National Forest, US Department of Agriculture, is additionally insured solely as respects liability arising from operations of the named insured.

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Please submit your completed Additional Insured Endorsement Form with your Certificate of Liability.