



# FILM INSURANCE CERTIFICATE REQUIREMENTS FOR LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD)

**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	CONTACT NAME
INSURANCE AGENT NAME & ADDRESS	PHONE (A/C No. Ext.)
	FAX (A/C No.)
	EMAIL ADDRESS
INSURED INSURED NAME & ADDRESS	INSURER(S) AFFORDING COVERAGE
	INSURER A INSURANCE COMPANY NAME(S)
	INSURER B
	INSURER C
	INSURER D
	INSURER E

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

INSURER	TYPE OF INSURANCE	AGENCY	SUBSCRIBER	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR			POLICY NUMBER	CURRENT POLICY PERIOD	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ex. structure) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 FIRE DAMAGE \$ 100,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS			POLICY NUMBER	CURRENT POLICY PERIOD	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS			POLICY NUMBER	CURRENT POLICY PERIOD	WC STAT-TORY LIMITS \$ OTH ER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Los Angeles Unified School District and Board of Education added as additional insured. All said insurance shall be primary and noncontributing. Subrogation is waived in favor of certificate holder.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Los Angeles Unified School District & Board of Education Leasing & Asset Management Unit 333 South Beaudry Avenue, 23rd Floor Los Angeles, CA 90017	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

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## COVERAGES

- Commercial General Liability
- Auto Liability
- Proof of Workers Compensation

## MINIMUM LIMITS

\$2,000,000 per occurrence  
\$3,000,000 general aggregate

## ADDITIONAL INSURED

“Los Angeles Unified School District and Board of Education added as additional insured.”

Additional Insured endorsement page required must be attached to certificate.

“Blanket” additional insured not accepted in place of endorsement page (sample on following page).

## WAIVER OF SUBROGATION

Waiver of Subrogation clause required.

## INSURANCE COMPANY

Licensed to do business in CA.

**Description of Operations:** Los Angeles Unified School District & Board of Education added as additional insured. All said insurance shall be primary and noncontributing. Subrogation is waived in favor of certificate holder.

**Certificate Holder:** Los Angeles Unified School District & Board of Education, Leasing & Asset Management Unit  
333 South Beaudry Avenue, 23rd Floor  
Los Angeles, CA 90017



# ADDITIONAL INSURED ENDORSEMENT FORM FOR LOS ANGELES UNIFIED SCHOOL DISTRICT (LAUSD)

POLICY NUMBER: **POLICY # REQUIRED**

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

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 Additional Insured Person(s) Or Organization(s)**

Los Angeles Unified School District and Board of Education added as additional insureds. All said insurance shall be primary and noncontributing.

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

**Section II – Who Is An Insured** shall include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

### ADDITIONAL INSURED

"Los Angeles Unified School District and Board of Education added as additional insured."

All said insurance shall be primary and noncontributing.

### WAIVER OF SUBROGATION

Waiver of Subrogation clause required.

### PLEASE NOTE:

Endorsement Policy Number must match COI General Liability Number.