SAMPLES OF CERTIFICATES OF INSURANCE

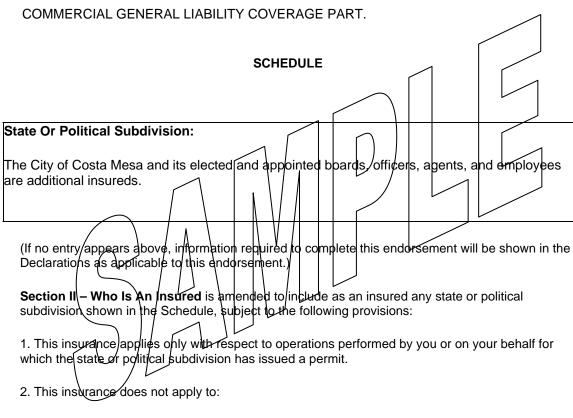
Please note that failure to provide a certificate of insurance and policy endorsement amounts to a violation of City ordinance, and may be grounds for the denial of your Special Event Application.

CERTIFICATE OF INSURANCE	005550	DATE (MM/DD/YY) 07/03/2002
PRODUCER: 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.		
UNFORM INSURANCE COMPANY	COMPANIES A RDING COVE	RAGE
P.O. Box 12345	COMPANY	
Any city, Any state 12345-6789	Α // «	
INSURED:	COMPANY	
	В	
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	C	/\
	COMPAN	<i>)></i>
COVERAGES:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO INSURED NAMED ABOVE FOR ICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT REPORT OF ANY CONTRACT REPORT OF ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HE TO ALL TERMS, EXCLUSIONS AND CONTRACT REPORT OF THE POLICIES OF BOTH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		
TYPE OF INSURANCE POLICY NUMBER POLICY NUMBER DAKE	(MM/DD/N	IMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	TTS COMP O	\$ 1,000,000 F AGG \$ 1,000,000
TI CLAIMS MADE TI COCUR	7/03/2002 07/03/2003 P ONAL & ADV IN	
U OWNER & CCNT PROT	EXCH OCCURRENCE	
LIABILITY ARISTING OUT OF ATHLETIC PARICIPATION	FIRE DAMAGE MEDICAL	\$ 50,000 \$ 5,000
AUTOMOBILE LIABILITY	COMBINED SINGLE I	
□ ANY AUTO □ ALL OWNED AUTOS	BODILY INJURY (Per	person) \$
SCHEDULED AUTOS	BODILY INJURY (Per	inc) \$
☐ RENTED AUTOS ☐ NON-OWNED AUTOS	PROPERTY DAMAGE	\$
DAMAGE LIABILITY ~	AUTO ONLY – EA AC	*
□ ANY AUTO	OTHER THAN AUTO	
	EACH ACC	CIDENT \$ REGATE \$
EXCESS LIABILITY	EACH OCCURRENCE	
☐ UMBRELLA FORM \ ABC	7/03 07/03/2003 AGGREGATE	\$ 1,000,000
OTHER THAN UMB ELLA FORM WORKER'S COM WAND	STATUTORY LIMI	\$
EMPLOYERS' BILITY	EACH ACCIDENT	\$
	DISEASE - POLICY L	IMIT \$
OTHER	DISEASE – EACH EM	IPLOYEE \$
POSITION OF OPERATIONS/LOCATIONS/SPE L ITEMS EVENT: COSTA MESA ARATHON DATE: 07/03/2002 SANC: #1234 Certificate holder an address and donal insured for this sanctioned event		
CERTIFICATE HOLDER CANCELLATION		
CITY OF COSTA MESA AND ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND		
REPRESENTATIVES	AUTHORIZED REPRESENTATIVE	
77 FAIR DRIVE P.O. BOX 1200	John Dose	
COSTA MESA, CALIFORNIA 92628-1200	CXIFORM INSURANCE COMPANY	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS - PERMIT

This endorsement modifies insurance provided under the following:



- a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

Any other insurance maintained by the City of Costa Mesa shall be excess and not contributing with the insurance provided by this policy.