CITY OF COSTA MESA

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.

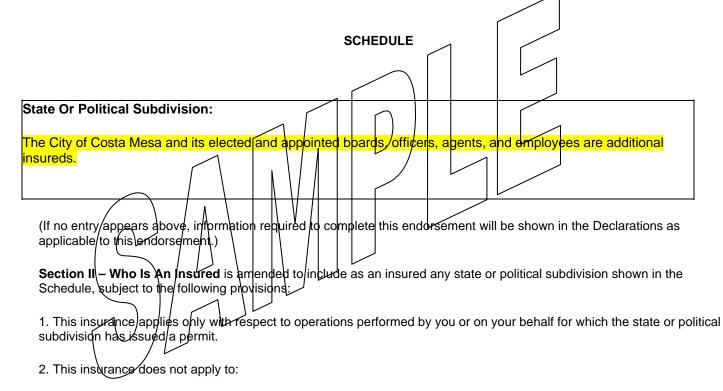
CERTIFICATE OF INSURANCE	005550	DATE (MM/DD/YY) 07/03/2002						
PRODUCER:	THIS CERTIFICATE IS ISSUED AS A MATTER RIGHTS UPON THE CERTIFICATE HOLDER. TH OR ALTER THE COVERAGE AFFORDED BY	IS CERTIFICATE DOES NOT AMEND, EXTEND,						
UNFORM INSURANCE COMPANY		ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.						
P.O. Box 12345	COMPANY							
Any city, Any state 12345-6789	A //							
INSURED:	COMPANY							
	В							
	COMPANY							
	C /							
	COMPAN							
COVERAGES: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CON	HAVE BEEN ISSUED TO NSURED NAMED A	BOVE FOR WH H THIS SIONS AND C DITIONS OF BOTH POLICIES.						
OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		SIONS AND CADITIONS OF BOTH POLICIES.						
TYPE OF INSURANCE POLICY NUMBER								
GENERAL LIABILITY		ET\$ 1,000,000 CTS COMP OF AGG \$ 1,000,000						
	x/03/2002 07/03/2003	ONAL & ADV INJURY \$ 1,000,000						
OWNER & CCNT PROT	Exc.	HOCCURRENCE \$ 1,000,000						
ATHLETIC PARICIPATION		DAMAGE \$ 50,000 ICAL \$ 5,000						
		BINED SINGLE LIMIT \$						
ANY AUTO		ILY INJURY (Per person) \$						
SCHEDULED AUTOS	BOD	ILY INJURY (Per inc) \$						
□ RENTED AUTOS □ NON-OWNED AUTOS		PERTY DAMAGE \$						
		O ONLY – EA ACCIDENT \$						
D ANY AUTO		ER THAN AUTO ONLY \$						
		EACH ACCIDENT \$ AGGREGATE \$						
EXCESS LIABILITY	EAC	H OCCURRENCE \$ 1,000,000						
	7/03 2 07/03/2003 AGG	REGATE \$ 1,000,000						
OTHER THAN UMB ELLA FORM		\$ TATUTORY LIMITS						
EMPLOYERS' BILITY		H ACCIDENT \$						
		ASE – POLICY LIMIT \$ ASE – EACH EMPLOYEE \$						
OTHER	DISE	ASE – EACH EMPLOYEE \$						
POSITION OF OPERATIONS/LOCATIONS/SPE								
EVENT: COSTA MESA ARATHON DATE: 07/03/2002 SANC: #1234 Certificate holders an ad ional insured for this sanctioned event								
CERTIFICATE HOLDER	CANCELLATION							
\sim	SHOULD ANY OF THE ABOVE D	ESCRIBED POLICIES AS CANCELLED BEFORE F, THE ISSUING COMPANY TO MAIL 30 DAYS						
WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT								
EMPLOYEES, AGENTS, VOLUNTEERS, AND								
REPRESENTATIVES	AUTHORIZED REPRESENTA	TIVE						
77 FAIR DRIVE P.O. BOX 1200	(John T)n	Urban I)00						
COSTA MESA, CALIFORNIA 92628-1200	XUIL JOH	XUNL_DUC_						
COOTA MEDA, CALIFORMA 72020-1200	UNIFORM INSURANCE	CE 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:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.



a.	"Bodily injury,"	"property damage"	or "personal	l and advertising i	njury"	arising out of	operations	performed for t	the state
0	 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.

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