

CERTIFICATES OF INSURANCE PROVIDE KEY INFORMATION FOR CLAIM SITUATIONS

Vendor Name on certificate must match Name on PO or Contract

Policy Expiration Date must not be in the past

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MMDDYYYY) 12/23/2019

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: Insurance Agent/Broker Name, Street Name, City, State Zip Code
 CONTACT NAME, PHONE, FAX, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

INSURED: Vendor Name (Must Match PO or Contract), Street Name, City, State Zip Code
 INSURER a: Gemini Insurance Company
 INSURER b: Ohio Casualty Insurance Company
 INSURER c: Topa Insurance Company
 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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR	POLICY NUMBER	POLICY EFF. DATE (MMDDYYYY)	POLICY EXP. DATE (MMDDYYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJE <input type="checkbox"/> LOC	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Policy #	1/1/20	1/1/21	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES: \$500,000 MED EXP (Any one person): \$ PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/OP AGG: \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Policy #	1/1/20	1/1/21	COMBINED SINGLE LIMIT (BI & BI/P): \$1,000,000 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED: \$ RETENTION \$	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Policy #	1/1/20	1/1/21	EACH OCCURRENCE: \$4,000,000 AGGREGATE: \$4,000,000
C	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Policy #	1/1/20	1/1/21	NO STATUTE LIMITS: \$1,000,000 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)
 The City of San Jose, its officers, employees, agents and contractors are included as an additional insured and primary, non-contributory on the General and Auto Liability.
 Waiver of Subrogation applies to General Liability and Workers' Compensation.

CERTIFICATE HOLDER City of San Jose—Finance, Risk Management, 200 East Santa Clara Street, 14th Floor Tower, San Jose, CA 95113-1905

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: Electronic Signature of Insurance Agent/Broker

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Certificate Holder must be the City of San Jose

Certificate must document City's additional insured status and waiver of subrogation