

OUHSD SAMPLE CERTIFICATE OF LIABILITY INSURANCE

K&SCO-1

OP ID: KW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

DATE OF CERTIFICATE

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.

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.

PRODUCER: INSURANCE COMPANY NAME, AGENT LICENSE, AGENT ADDRESS AND AGENT NAME
CONTACT NAME: AGENT NAME, PHONE & EMAIL
FAX (A/C, No.): AGENT FAX #
INSURER(S) AFFORDING COVERAGE: INDICATE ALL COMPANIES PROVIDING COVERAGE

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RESERVATION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY BE ORDERED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for General Liability, Automobile Liability, and Workers Compensation.

MUST INDICATE OCCURRENCE

POLICY NUMBER

EFFECTIVE DATES MUST SPAN DATES OF EVENT (Duration of School Year)

PERSONAL VEHICLES: \$500,000 Combined Single Limit or \$100,000 Per Person/\$300,000 Per Accident
COMMERCIAL VEHICLES: \$1,000,000 Combined Single Limit

MINIMUM LIABILITY IS \$2,000,000 PER OCCURRENCE OR \$4,000,000 AGGREGATE

WORKERS COMPENSATION REQUIRED IF EMPLOYEES BEYOND OWNER OPERATOR BEING USED

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

TYPE A BRIEF DESCRIPTION OF THE EVENT OR PRACTICE YOUR ORGANIZATION WILL BE HAVING ON OUR FACILITIES AND INCLUDE THE SCHOOL SITE ADDRESS

MUST BE INCLUDED AS SHOWN (SEE SAMPLE PAGE 2) ADDITIONAL INSURED IS ALSO REQUIRED

CERTIFICATE HOLDER

Oxnard Union High School District
its officers, agents, employees, board members, and/or volunteers
309 South K Street
Oxnard, CA 93030

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
DOCUMENT MUST BE SIGNED

Must Include Complete Policy Number

POLICY NUMBER:PK201400003579

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)
<p>Oxnard Union High School District, Its Officers, Agents, Employees, Board Members, and/or Volunteers 309 South K Street, Oxnard, CA 93030</p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Must Include All Language

**Section II – Who Is An Insured** is amended to 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.