

The certificate listed below is just an example for your organization to use for clarification.  
Please make sure all the RED highlighted areas are appropriate to your organization's reservation.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/27/2015

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).

| <b>PRODUCER</b><br><b>MCGOWAN EXCESS &amp; CASUALTY</b><br><b>145 WYCKOFF RD., STE 101</b><br><b>EATONTOWN, NJ, 07724</b><br><b>(732) 335-8470</b> |        | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (732) 335-8470      FAX (A/C, No):<br>E-MAIL ADDRESS:  |  |                               |        |   |       |            |  |                             |  |            |  |                        |  |            |  |
|--|--------|--|--|-------------------------------|--------|---|-------|------------|--|-----------------------------|--|------------|--|------------------------|--|------------|--|
| <b>INSURED</b><br><b>SoCal Bubble Sports LLC</b><br><b>7676 Hazard Center Drive, Suite 500</b><br><b>San Diego, CA 92108</b>                       |        | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Atlantic Specialty Insurance Company</td> <td>27154</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C: Minimum required</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E: \$1,000,000</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Atlantic Specialty Insurance Company | 27154 | INSURER B: |  | INSURER C: Minimum required |  | INSURER D: |  | INSURER E: \$1,000,000 |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC # |  |  |                               |        |   |       |            |  |                             |  |            |  |                        |  |            |  |
| INSURER A: Atlantic Specialty Insurance Company  | 27154  |  |  |                               |        |   |       |            |  |                             |  |            |  |                        |  |            |  |
| INSURER B:   |        |  |  |                               |        |   |       |            |  |                             |  |            |  |                        |  |            |  |
| INSURER C: Minimum required  |        |  |  |                               |        |   |       |            |  |                             |  |            |  |                        |  |            |  |
| INSURER D:   |        |  |  |                               |        |   |       |            |  |                             |  |            |  |                        |  |            |  |
| INSURER E: \$1,000,000   |        |  |  |                               |        |   |       |            |  |                             |  |            |  |                        |  |            |  |
| INSURER F:   |        |  |  |                               |        |   |       |            |  |                             |  |            |  |                        |  |            |  |

This contains your organization's physical address that is listed on your permit

Minimum required  
\$1,000,000

COVERAGES      CERTIFICATE NUMBER: AXSSU150512188250      REVISION NUMBER:

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

Dates listed can be one-time date (special event) or year long (on-going user)

| INSR LTR  | TYPE OF INSURANCE  | ADUL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY)        | LIMITS                     |                |  |                                     |    |
|---|--|-----------|----------|---------------|-------------------------|--------------------------------|----------------------------|----------------|--|-------------------------------------|----|
| A   | <b>GENERAL LIABILITY</b>   |           |          | CP04724-01    | 06/25/2015              | 06/25/2016                     | GENERAL AGGREGATE          | \$3,000,000.00 |  |                                     |    |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |           |          |               |                         |                                | PRODUCTS - COMP/OP AGG     | \$1,000,000.00 |  |                                     |    |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                             |           |          |               |                         |                                | PERSONAL & ADV INJURY      | \$1,000,000.00 |  |                                     |    |
|   |  |           |          |               |                         |                                | EACH OCCURRENCE            | \$1,000,000.00 |  |                                     |    |
|   |  |           |          |               |                         |                                | FIRE DAMAGE (Any one fire) | \$300,000.00   |  |                                     |    |
|   |  |           |          |               |                         |                                | MED EXP (Any one person)   | \$5,000.00     |  |                                     |    |
|   | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC |           |          |               |                         |                                |                            |                |  |                                     |    |
|   | <b>AUTOMOBILE LIABILITY</b>  |           |          |               |                         |                                |                            |                |  | COMBINED SINGLE LIMIT (Ea accident) | \$ |
|   | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS                                 |           |          |               |                         |                                |                            |                |  | BODILY INJURY (Per person)          | \$ |
|   | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                          |           |          |               |                         |                                |                            |                |  | BODILY INJURY (Per accident)        | \$ |
| <input type="checkbox"/> HIRED AUTO                     |  |           |          |               |                         | PROPERTY DAMAGE (Per accident) | \$                         |                |  |                                     |    |
| <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR     |  |           |          |               |                         | EACH OCCURRENCE                | \$                         |                |  |                                     |    |
| <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE |  |           |          |               |                         | AGGREGATE                      | \$                         |                |  |                                     |    |
| DED      RETENTION \$                                   |  |           |          |               |                         |                                |                            |                |  |                                     |    |
|   |  |           |          |               |                         |                                | EACH OCCURRENCE            | \$             |  |                                     |    |
|   |  |           |          |               |                         |                                | GENERAL AGGREGATE          | \$             |  |                                     |    |
|   |  |           |          |               |                         |                                | EACH OCCURRENCE            | \$             |  |                                     |    |
|   |  |           |          |               |                         |                                | GENERAL AGGREGATE          | \$             |  |                                     |    |

Caterers serving alcohol must show Liquor Liability coverage Certificate with \$1 million per occurrence limits of liability and at least \$2 million General Aggregate.

OPTIONAL: Put information here about your specific rental/event

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Bubble Soccer. The certificate holder is named as Additional Insured with respect to negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period.

|  |  |  |  |
|--|--|--|--|
| <b>CERTIFICATE HOLDER</b><br>County of San Diego<br>Department of Parks and Recreation<br>5500 Overland Avenue, Suite 410<br>San Diego, CA 92123 |  | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><p style="text-align: right;"><i>T B McGowan</i></p> |  |
|--|--|--|--|

State this complete address (no edits)



**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**

|  |   |
|--|---|
| <p><b>Name Of Additional Insured Person(s) Or Organization(s)</b><br/> <b>The County of San Diego, the members of the Board of Supervisors of the County and the officers, agents, employees and volunteers of the County, individually and collectively.</b><br/> <b>Department of Parks and Recreation</b><br/> <b>5500 Overland Avenue, Suite 410</b><br/> <b>San Diego, CA 92123</b></p> | <p>Any certificate with out this specific verbiage will be asked to resubmit!</p> |
|--|---|

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

**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.

**Please email or fax your completed Insurance**  
 Email: [Askparks.lue@sdcounty.ca.gov](mailto:Askparks.lue@sdcounty.ca.gov)  
 Fax: (858) 495-5841

**ATTENTION:**

**Any certificate that does not include all required areas will be asked to resubmit a complete certificate to our office.**

**All certificates are kept confidential on file until expiration date.**



# County of San Diego

## DEPARTMENT OF PARKS AND RECREATION

BRIAN ALBRIGHT  
DIRECTOR

Administrative Office: (858) 694-3030  
Fax: (858) 495-5841  
Reservations: (858) 565-3600

[www.sdparks.org](http://www.sdparks.org)

### INDEMNITY AND SAVE HARMLESS AGREEMENT

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ TELEPHONE ( \_\_\_\_\_

AGENT OR RESPONSIBLE PERSON \_\_\_\_\_

EVENT DATE / HOURS \_\_\_\_\_

#### Indemnity Provisions for Park Use Agreements

The County of San Diego (County) shall not be liable for, and Applicant shall indemnify County and its officers, agents, employees and volunteers (collectively, County Parties), against any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs (collectively, Claims), which arise out of or in any way connected to the activity covered by this Agreement arising either directly or indirectly from any act, error, omission or negligence of Applicant or its officers, employees, agents, licensees or servants, including without limitation, Claims caused by the concurrent negligent act, error or omission, whether active or passive, of County Parties. Applicant shall have no obligation to indemnify County Parties if it is determined by a court of competent jurisdiction that such Claim was caused by the sole negligence or willful misconduct of County Parties.

\_\_\_\_\_  
(Signature of agent or responsible person) \_\_\_\_\_ Date \_\_\_\_\_

Park \_\_\_\_\_ Area \_\_\_\_\_

Equipment \_\_\_\_\_

Fee \_\_\_\_\_ Date Received \_\_\_\_\_

FOR STAFF ONLY:  
Please distribute to the appropriate DPM.

