

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> <b>MCGOWAN EXCESS &amp; CASUALTY</b> <b>145 WYCKOFF RD., STE 101</b> <b>EATONTOWN, NJ, 07724</b> <b>(732) 335-8470</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (732) 335-8470 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>																						
<b>INSURED</b> <b>SoCal Bubble Sports LLC</b> <b>7676 Hazard Center Drive, Suite 500</b> <b>San Diego, CA 92108</b>		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Atlantic Spe</td> <td>27154</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Atlantic Spe	27154	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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This contains your organization's physical address that is listed on your permit

Minimum required  
\$1,000,000

COVERAGES      CERTIFICATE NUMBER: AYSSU150513186250      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY TERMS, EXCLUSIONS AND CONDITIONS ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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	INSR	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	Y	N				PERSONAL & ADV INJURY	\$1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						EACH OCCURRENCE	\$1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						FIRE DAMAGE (Any one fire)	\$300,000.00
							MED EXP (Any one person)	\$5,000.00
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTO						PROPERTY DAMAGE (Per accident)	\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>						AGGREGATE	\$
	DED      RETENTION \$							
							EACH OCCURRENCE	\$
							GENERAL AGGREGATE	\$
							EACH OCCURRENCE	\$
							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> County of San Diego Department of Parks and Recreation 5500 Overland Avenue, Suite 410 San Diego, CA 92123	<b>CANCELLATION</b> 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 <i>T B McGowan</i>
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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>  <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>  <b>Department of Parks and Recreation</b>  <b>5500 Overland Avenue, Suite 410</b>  <b>San Diego, CA 92123</b></p>	<p>Any certificate without this specific verbiage will be asked to resubmit!</p>
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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@sdcountry.ca.gov](mailto:Askparks.lue@sdcountry.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.**