

San Ramon Valley Unified School District  
Facilities Use Department  
[facilities.use.staff@srvusd.net](mailto:facilities.use.staff@srvusd.net) (925) 824-1883

# Insurance Requirements

## **MUST PROVIDE**

### **1. Certificate of Liability Insurance:**

**AND**

### **Certificate Holder:**

San Ramon Valley Unified School District  
3280 Crow Canyon Road  
San Ramon, CA 94583

### **2. Endorsement:** (form CG20) naming the San Ramon Valley Unified School District, its board members, agents, employees, and consultants as additional insured under the respective policies.

- **Minimum insurance limits are \$1 million for liability coverage for bodily injury AND property damage** (Damage to Rented Premises) per occurrence with an aggregate limit of no less than \$2 million and SRVUSD must be named as ADDITIONAL INSURED with ENDORSEMENT.
  - **Swimming pools/Aquatic Center rental (when approved), minimum limit of not less than \$5,000,000 for General Liability insurance for bodily injury, each occurrence and \$10,000,000 aggregate.**
- **To upload a new insurance policy into Facilitron as a PDF file:**  
Go to the [Facilitron website](#), upload insurance documents requested during the reservation process. If you are unable to upload your document/s please email a copy to [fbennett@srvusd.net](mailto:fbennett@srvusd.net) or [treimer@srvusd.net](mailto:treimer@srvusd.net)
- **\*IMPORTANT\*** If we do not obtain a copy of your insurance paperwork within 2 weeks of your request, your application will be automatically cancelled from the system and you will have to resubmit your request.

# CERTIFICATE OF LIABILITY INSURANCE

3/8/2012

**PRODUCER**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

INSURED

Your group name here.

## INSURERS AFFORDING COVERAGE

NAIC #

**SURER A: ~~FORNERS INSURANCE EXCHANGE~~**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		GENERAL LIABILITY	160412105125X	03-28-12	03-28-13	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/>	CLAIMS MADE				<input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
		<input type="checkbox"/> ANYAUTO				BODILY INJURY (Per person)	\$	
		<input type="checkbox"/> ALLOWNED AUTOS				BODILY INJURY (Per accident)	\$	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
		<input type="checkbox"/> HIRED AUTOS						
		<input type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANYAUTO				OTHER THAN AUTO ONLY: EA ACC	\$	
						AGG	\$	
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$	
							\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER		
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$	
		OTHER				E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS									
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**Certificate Holder is Named Additional Insured**

**CERTIFICATE HOLDER**

San Ramon Valley Unified School District  
3280 Crow Canyon Road  
San Ramon, CA 94583

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN  
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL  
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR  
REPRESENTATIVES.