

Insurance is required to rent Pierce/LACCD Facilities.

Copies of the following insurance documents must be submitted:

- 1) A **Certificate of Insurance:**
 - (i) General Liability, min \$2,000,000/occurrence and \$4,000,000/aggregate.
 - (ii) Auto Liability, \$1,000,000/any auto
 - (iii) Sexual Abuse or Molestation (SAM) Liability: \$1,000,000/claim.
 - (iv) Worker's Comp Statutory, \$1,000,000/each accident
- 2) **Additional Insured Endorsement** - Naming LACCD (770 Wilshire Blvd, Los Angeles, CA 90017) as Additional Insured
- 3) **Waiver of Subrogation (aka: Waiver of Transfer of Rights) Endorsement** - Naming LACCD (770 Wilshire Blvd, Los Angeles, CA 90017)

***The TWO Endorsements should be submitted on separate endorsement pages attached to the certificate(s) of insurance.**

The following wording is required on all documents:

"Los Angeles Community College District (LACCD), its Board, Officers, Employees, Agents and Volunteers are named as Additional Insured per attached Endorsement Form. Waiver of Subrogation and Primary Non-Contributory apply per attached Endorsement."

AUG. 1, 2025: THE SPARTA WEBSITE APPEARS TO BE NO LONGER ACTIVE

If you would like to purchase one-time insurance for your event, the District has teamed up with a company by the name of Sparta that provides special event insurance. So if you need insurance, go to this link:

http://2sparta.com/selip_application.php.

This is an online, special event application. Put in your contact information and the event information. Sparta will then contact you with a quote.

***In the Public Entity field, start typing Pierce College and you will see the name come up and just click on it.*

If you need assistance with completing the online application, contact Francis Lopez, at (415) 217-6571.

RV Nuccio & Associates (RVNA) offers Event Insurance that works for the District. Just make sure to select the proper coverages and limits:

<https://www.rvnuccio.com/specialty-insurance-products/event-insurance/>

Merriweather & Williams Insurance can provide General Liability. Contact them at (213) 258-3096. Please bear in mind the other insurance requirements still need to be provided.

Many of the larger insurance providers, like **Progressive, Allstate, and Geico**, offer one-time event insurance. See their respective websites for details and instructions, just be sure that the policies meet the District's requirements and limits:

<https://www.progressive.com/event-insurance/>

<https://www.geico.com/event-insurance/>

<https://www.allstate.com/event-insurance>

Disclaimer: Sparta Insurance, RVNA, Merriweather & Williams Insurance, Progressive, Allstate, and Geico are not affiliated nor endorsed by LACCD or Pierce College, and claim no benefit from its services.

Client#: 763070

LOSANGE31

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/11/2014

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 XYZ Insurance Brokers of California, Inc. 770 Wilshire Blvd., Ste. 600 Los Angeles, CA 90017	CONTACT NAME: Joe Smith	
	PHONE (A/C No, Ext): (213) 891-2000	FAX (A/C No): (213) 891-2490
	E-MAIL ADDRESS: BeloneS@email.laccd.edu	
INSURED Legal Name of Permittee or Tenant dba _____ Address _____ City, CA Zipcode _____	INSURER(S) AFFORDING COVERAGE	
	INSURER A : ABC Insurance Co.	NAIC # 111111
	INSURER B : DEF Insurance Co.	222222
	INSURER C : GHI Insurance Co.	333333
	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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	X	CA123456	must cover contract period		EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	CA 678910	must cover contract period		COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	X	X	CA111213	must cover contract period		EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			CA 141516	must cover contract period		<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)

Los Angeles Community College District, its Board, Officers, Employees, Agents and Volunteers are named as Additional Insured per attached Endorsement Form. Waiver of Subrogation and Primary Non-Contributory apply per attached Endorsement.

Sexual molestation and abuse are covered with a limit of \$1,000,000.

CERTIFICATE HOLDER**CANCELLATION**

Los Angeles Community College District
770 Wilshire Blvd.
Los Angeles, CA 90017

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

MUST be signed

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SAMPLE

FOR

EXAMPLE 1: ADDITIONAL INSURED ENDORSEMENT

POLICY NUMBER: CP03940-00

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):

**Los Angeles Community College District, its Board of
Trustees, officers, employees, and agents
770 Wilshire Blvd.
Los Angeles, CA 90017**

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.

SAMPLE

FOR

EXAMPLE 2: ADDITIONAL INSURED ENDORSEMENT



Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - SCHEDULED CONTRACTS

This endorsement modifies insurance provided under the following:

SPECIAL EXCESS LIABILITY POLICY FOR PUBLIC ENTITIES

The following is added to **SECTION II. WHO IS AN INSURED:**

Any person(s), entity(ies), or organization(s) listed in the Schedule below to whom the Named Insured is obligated by virtue of an **insured contract** to provide insurance solely with respect to **bodily injury** and **property damage**. However, this insurance for those listed below will apply only to **bodily injury** and **property damage** required within the terms of the **insured contract**.

The Limits of Insurance afforded under this endorsement to such scheduled person(s), entity(ies), or organization(s) will be limited to the Limits of Insurance required within the terms of the **insured contract** or the Limits of Insurance of this Policy, whichever is less, and will apply in excess of any **underlying insurance** or your **retained limit** shown in the Declarations. We will not be obligated for Limits of Insurance shown in the **insured contract** that are greater than the limits of insurance of this Policy.

SCHEDULE OF ADDITIONAL INSUREDS

ADDITIONAL INSURED	INSURED CONTRACT	CONTRACT DATE
Los Angeles Community College District, its Board, Officers, Employees, Agents & Volunteers	#4500095346	JULY 01, 2013 to 2014

SAMPLE

for

Liability/Business Liability & Auto

EXAMPLE 1: WAIVER OF SUBROGATION ENDORSEMENT

PROGRESSIVE

WAIVER OF SUBROGATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

Business Auto Coverage Form

Motor Truck Cargo Legal Liability Coverage Form

Commercial General Liability Coverage Form

We agree to waive any and all subrogation claims against the person or organization designated below except for losses that are due in whole or part to the negligence or errors and omissions of the designated person or organization.

LOS ANGELES COMMUNITY COLLEGE DISTRICT

770 WILSHIRE BLVD

LOS ANGELES, CA 90017

This endorsement applies to Policy Number:

Issued to: Permittee or Tenant Name

Endorsement Effective: 04/08/2014

Expiration: 04/23/2014
renewal on 4/23/2014

All other terms, limits and provisions of this policy remain unchanged.

SAMPLE

for
Liability/Business Liability & Auto

EXAMPLE 2: WAIVER OF SUBROGATION ENDORSEMENT

POLICY NUMBER: **CP03940-00**

COMMERCIAL GENERAL LIABILITY
CG 24 04 10 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

**Los Angeles Community College District, its
Board of Trustees, officers, employees, and
agents
770 Wilshire Blvd.
Los Angeles, CA 90017**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

SAMPLE

for

Workers Compensation

WAIVER OF SUBROGATION ENDORSEMENT



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

Policy Number: 72 WEC GE2194

Endorsement Number: 01

Effective Date: 04/03/14

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address:

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5 % of the California workers' compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization

Job Description

LOS ANGELES COMMUNITY COLLEGE CATERING
DISTRICT, its Board, Officers, Employees, Agents & Volunteers
770 WILSHIRE BLVD
LOS ANGELES CA 90017

Countersigned by

Authorized Representative