

CITY OF CARMEL-BY-THE-SEA
COMMUNITY SERVICES
PO BOX CC
CARMEL-BY-THE-SEA, CALIFORNIA 93921
Phone: 831.620.2020 Fax: 831.624.2132
Email: clopez@ci.carmel.ca.us

INSURANCE POLICY REQUIREMENTS
SPECIAL EVENTS/FILM PERMITS

1. **CERTIFICATE OF LIABILITY:** Certificates must be typed not handwritten.
2. **PROPERTY:** All property and locations that are to be utilized/insured must be listed and reflect the City's interest in the insured property.
3. **LIMITS:** Coverage must be a minimum of \$1,000,000 (One Million Dollars).
4. **COVERAGE:** The policy must read as follows: **The City of Carmel-by-the-Sea, it's public officials, officers, agents, and employees are named as additionally insured in respects to <event> on <date>.** This information is typed in the "Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions.
5. **ENDORSEMENT PAGE:** The City of Carmel-by-the-Sea also requires an "Additionally Insured" Endorsement Page, which has the same wording included as above, please include the activity/name of event and specific date, this is in addition to the Certificate of Liability insurance coverage.
6. **WORKERS COMPENSATION:** Proof of Workers Compensation if applicable.
7. **POLICY DATES:** Commencement and expiration dates for coverage of the event.
8. **NAME/ADDRESS OF INSURED:** Must read: **City of Carmel-by-the-Sea, PO Box CC, Carmel, CA 93921.**
9. **INSURANCE COMPANY:** The name of the insurance company writing the policy, policy number, address, phone and fax must be included.
10. **INSURANCE DEDUCTIBLE OR SELF-INSURED RETENTION:** If there is a deductible, identify how much.
11. The Insurance Company **MUST** be a company doing business in California and **MUST** be rated A+ or better. Please attach the rating of the company to the Certificate of Liability/Additionally Insured Endorsement.

SAMPLE COPIES OF THE CERTIFICATE OF LIABILITY AND THE ADDITIONALLY
INSURED ENDORSEMENT ARE INCLUDED WITH THIS INFORMATION