

GARDEN GROVE STRAWBERRY FESTIVAL

INSURANCE REQUIREMENTS INFORMATION

INSURANCE REQUIREMENTS-The City of Garden Grove and our insurance company Require you to carry sufficient General Liability Insurance to cover your operations.

You must supply the Festival with a **Certificate of Insurance, naming the Garden Grove Strawberry Festival Association as an additional insured.** The policy must Cover all four days the festival is open. You must submit your certificate with your Application. If you do not have your own private insurance coverage, we will order Coverage from our carrier to protect the Festival at a cost of \$100.00

THE CITY OF GARDEN GROVE AND OUR INSURANCE COMPANY REQUIRE YOU TO CARRY LIABILITY INSURANCE WITH AT LEAST THE FOLLOWING COVERAGE.

GENERAL AGGREGATE	-----\$1,000,000
PRODUCT LIABILITY	-----\$1,000,000
PERSONAL & ADV INJURY	-----\$1,000,000
EACH OCCURRENCE	-----\$1,000,000
FIRE DAMAGE	-----\$50,000
MEDICAL EXPENSES	-----\$5,000

PLEASE SUBMIT YOUR PRIVATE INSURANCE, OR \$100.00 TO BE ON OUR INSURANCE, AT THE TIME YOU SUBMIT YOUR APPLICATION. REMEMBER THE DEADLINE FOR SUBMITTING YOUR APPLICATION IS APRIL 1, 2010

AFTER MAY, 1ST, 2010 NO REFUND OF INSURANCE FEES WILL BE MADE

The policy must read

The Strawberry Festival Association Inc., its directors and associates, are named additional insured

Location is 12732 Main Street, Garden Grove, Ca., 92840

May 28, 29, 30, 31, 2010

(See sample form below.)

CERTIFICATE OF INSURANCE

ISSUE DATE
01/04/2006

PRODUCER
ISU Insurance Services
The Southwestern Agency
P.O. BOX 9579

BREA, CA 92822

Cert# 3595

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.

COMPANIES AFFORDING COVERAGE

COMPANY
A ABC INSURANCE COMPANY

COMPANY
B

COMPANY
C

COMPANY
D

INSURED
GARDEN GROVE STRAWBERRY FESTIVAL
ASSOCIATION, INC.

PO BOX 2287
GARDEN GROVE, CA 92643

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	XXXXXXXX	CURRENT DATE	CURRENT DATE	GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS-COMP/OP AGG. \$ 1,000,000
					PERSONAL & ADV INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE(Any One Fire) \$ 50,000
					MED. EXPENSE(Any One Person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person) \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				BODILY INJURY (Per Accident) \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				PROPERTY DAMAGE \$
	OTHER				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
					STATUTORY LIMITS \$
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$

THIS IS ONLY A
SAMPLE.
PLEASE BE SURE YOUR
POLICY IS
UP-TO-DATE.
THANK YOU

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ADDITIONAL INSURED IS TO READ: GARDEN GROVE STRAWBERRY FESTIVAL ASSN
PO BOX 2287, GARDEN GROVE, CA 92643

CERTIFICATE HOLDER AS ADDITIONAL INSURED

CANCELLATION

GARDEN GROVE STRAWBERRY FESTIVAL ASSN
PO BOX 2287
GARDEN GROVE, CA 92643

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

10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM

AUTHORIZED REPRESENTATIVE