



CITY OF NEWPORT BEACH SPECIAL EVENT PERMITTING

Insurance Frequently Asked Questions

This document is a generalization of special event insurance and should not be intended to represent every situation. Please refer to your special event permit for your event's requirements.

Please reach out to Risk Management at (949) 644-3300 with any questions.

What insurance am I required to provide?

Events on City Property - Please see the Insurance Matrix.

Events on Private Property - Risk Management will assign an acknowledgement form to the applicant in the CiViC permitting portal. The permittee will acknowledge that they carry at least \$1,000,000 in general liability insurance.

How long does it take to review my insurance or acknowledgement form?

Please allow 7 - 10 business days for each review.

*Please allow additional review time for seasonal events.

Who should the Certificate Holder be?

City of Newport Beach
100 Civic Center Drive
Newport Beach, CA 92660

What endorsements do I need to submit?

Please see the Insurance Matrix for endorsement requirements.

The endorsements should have the corresponding policy number and name the "City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers and employees".

My certificate of insurance lists the endorsements in the description box. Do I still need to submit endorsements?

Yes. A reference to endorsements in the description box is not acceptable. All the required endorsements must be submitted.

Does the City have any recommendations for insurance companies?

The City partners with Bene-Marc Insurance to offer special event insurance. Please visit insurance.bene-marc.com or call (866) 257-2560 to determine eligibility and receive a quote.



CITY OF NEWPORT BEACH SPECIAL EVENT PERMITTING Insurance Matrix

This document is a generalization of special event insurance and should not be intended to represent every situation. Please refer to your special event permit for your event's requirements.

Please reach out to Risk Management at (949) 644-3300 with any questions.

Events on Private Property

General Liability	Permittee is required to acknowledge that they carry at least \$1,000,000 of general liability insurance.
-------------------	-----------------------------------------------------------------------------------------------------------

If the event includes the following:

Fireworks	Vendor is required to acknowledge that they carry at least \$5,000,000 per occurrence and \$10,000,000 aggregate of general liability insurance, and that their policy does not exclude fireworks or pyrotechnics.
Drones	Vendor is required to acknowledge that they carry at least \$10,000,000 combined single limit of drone liability insurance.

Events on Public Property

	Coverage Requirement	Endorsement Requirement		
		Additional Insured	Primary & Non-Contributory	Waiver of Subrogation
All Events	General Liability: \$1,000,000 to \$3,000,000 per occurrence	Y	Y	
If the event includes the following:				
Athletics (including surfing, swimming, and marathons)	Participant Legal Liability should be included in the general liability limit			
Fireworks	General Liability: \$5,000,000 per occurrence; \$10,000,000 aggregate	Y	Y	
Drones	Drone Liability: \$10,000,000 combined single limit	Y	Y	Y
Valet	General Liability: \$1,000,000 per occurrence Garagekeepers Liability: \$500,000 per loss	Y	Y	
Shuttle	Automobile Liability: \$1,000,000 combined single limit	Y		
Liquor	Liquor Liability: \$1,000,000 per occurrence; \$2,000,000 aggregate			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have **ADDITIONAL INSURED** provisions or 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Should match applicant's or business's name on special event permit.	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		Must match policy number on additional insured and primary & non-contributory endorsements.	Policy must cover date(s) of event.		EACH OCCURRENCE \$ <u>Must meet or</u> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <u>exceed the per</u> MED EXP (Any one person) \$ <u>occurrence limit</u> PERSONAL & ADV INJURY \$ <u>required by the</u> GENERAL AGGREGATE \$ <u>special event</u> PRODUCTS - COMP/OP AGG \$ <u>permit.</u> \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			If required, must match policy number on additional insured and primary & non-contributory endorsements.			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		If required, must match policy number on waiver of subrogation.			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	If participant legal liability is required, indicate here. Also provide the limits and specify if the coverage is included in the general liability policy.						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers, and employees are listed as additional insureds on the general liability policy with primary & non-contributory coverage.

CERTIFICATE HOLDER**CANCELLATION**

City of Newport Beach
100 Civic Center Drive
Newport Beach, CA 92660

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.

© 1988-2015 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: [Must match policy number on certificate of insurance.](#)

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED 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)	Location(s) Of Covered Operations
City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers and employees	Only as respects to the operations of the named insured.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. 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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

[*If the endorsement was issued after the date that the policy was issued, please provide the declarations pages which cover the forms and endorsements.](#)

POLICY NUMBER: Must match policy number and named
Named Insured: insured on certificate of insurance.

COMMERCIAL GENERAL LIABILITY
CG 20 26 12 19

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):

The City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers, and employees.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. 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:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Policy Must match policy number on certificate
of insurance.

COMMERCIAL GENERAL LIABILITY
ECG 24 520 04 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – OTHER INSURANCE (PRIMARY NONCONTRIBUTORY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Paragraph a. Primary Insurance of 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

a. Primary Insurance

This insurance is primary except when **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below, except that we will not seek contribution from any party with whom you have agreed in a written contract or agreement that this insurance will be primary and noncontributory, if the written contract or agreement was made prior to the subject "occurrence" or offense.

*If the endorsement was issued after the date that the policy was issued, please provide the declarations pages which cover the forms and endorsements.

POLICY NUMBER: Must match policy number on certificate of insurance.

BUSINESSOWNERS
BP 14 88 07 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph H. **Other Insurance** of **Section III – Common Policy Conditions** and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

1. The additional insured is a Named Insured under such other insurance; and

2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

Please consult your permit to determine if auto liability is required.

POLICY NUMBER: Must match policy number on certificate of insurance.

COMMERCIAL AUTO
CA 20 48 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

SCHEDULE

Name Of Person(s) Or Organization(s):

City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers and employees

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

*If the endorsement was issued after the date that the policy was issued, please provide the declarations pages which cover the forms and endorsements.

Please consult your permit to determine if auto liability is required.

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES - ADDITIONAL INSURED

POLICY NUMBER Must match policy number on certificate of insurance.	POLICY CHANGES EFFECTIVE	COMPANY Must match insurer on certificate of insurance.
NAMED INSURED Must match insured on certificate of insurance.		AUTHORIZED REPRESENTATIVE Must be countersigned.

It is hereby understood and agreed that the following is added as an Additional Insured but only as respects the operations of the named insured.

Name and Address of Persons or Organizations:

The City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers, and employees.
100 Civic Center Drive
Newport Beach, CA 92660

*If the endorsement was issued after the date that the policy was issued, please provide the declarations pages which cover the forms and endorsements.

Please consult your permit to determine if workers' compensation is required.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

The City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers, and employees.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement		Effective Policy No.	Endorsement No.
Insured	Must match insured on certificate of insurance.	Must match policy number on certificate of insurance.	Premium
Insurance Company	Must match insurer on certificate of insurance.	Countersigned by _____	
		Must be countersigned.	

WC 00 03 13
(Ed. 4-84)

Please consult your permit to determine if workers' compensation is required.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

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 2 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

The City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers, and employees.

All jobs as required by written contract or agreement.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Must match insured on
certificate of insurance.

Policy No.

Must match policy number
on certificate of insurance.

Endorsement No.

Insurance Company

Must match insurer on
certificate of insurance.

Countersigned By Must be countersigned.