

REQUIREMENTS FOR JUMPERS, BOUNCE HOUSES AND INFLATABLE AMUSEMENT EQUIPMENT

- ACORD Certificate of General Liability Insurance and Endorsement Page is required to use jumpers, bounce houses, and any inflatable equipment at any park in Rialto.
- A policy of comprehensive general liability insurance written on a per occurrence basis for bodily injury, personal injury, and property damage. The policy of insurance shall be in an amount not less than \$1,000,000.00 per occurrence.
- If a general aggregate limit is used, either the general aggregate limit shall apply separately to this contract/location, or the general aggregate limit shall be twice the occurrence limit.
- **Description must include:** PROVIDING JUMPER / INFLATABLE EQUIPMENT AT CITY OF RIALTO FACILITY. THE CITY, ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS are listed as additional Insured.
- **Certificate Holder:** CITY OF RIALTO 150 SOUTH PALM AVE. RIALTO, CA 92376
- Proof of Liability insurance is due 14-days prior to event date; **no exceptions.**
- Reservations made within 14-days are required to have proof of liability insurance at the time of booking, **no exceptions.**
- The City of Rialto does not provide a list of service providers.

Email Certificates to recreation@rialtoca.gov

For more information, please call (909) 421-4949

Visit us in person at 214 N. Palm Ave. Rialto, CA 92376



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 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 FULL NAME OF THE PRODUCER OR AGENCY MAILING ADDRESS OF THE PRODUCER CITY / STATE / ZIP CODE		CONTACT NAME: PRIMARY CONTACT AT PRODUCER OR AGENCY PHONE: PROVIDE TELEPHONE NO. FAX: (A/C No.) E-MAIL: PROVIDE EMAIL ADDRESS ADDRESS:	
INSURED NAME OF CONTRACTOR MAILING ADDRESS OF CONTRACTOR CITY / STATE / ZIP CODE		INSURER(S) AFFORDING COVERAGE INSURER A: INSURER'S FULL LEGAL COMPANY NAME NAIC # ID CODE 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.

TYPE OF INSURANCE	ADDITIONAL RISK / RVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES POLICY <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CGL POLICY NUMBER	12/01/2016	12/31/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED EQUIPMENT (SUBROGATION) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		AUTO POLICY NUMBER	12/01/2016	12/01/2017	COVERED SINGLE LIMIT (CA maximum) \$ 1,000,000 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 DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NYS) IF YES, DESCRIBE USPT DESCRIPTION OF OPERATIONS (How)	<input checked="" type="checkbox"/> Y	WC POLICY NUMBER	12/01/2016	12/01/2017	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ELI E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISCAST - PA EMPLOYEE \$ 1,000,000 E.L. OVERSEAS - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 THE CITY, ITS OFFICERS, OFFICIALS, EMPLOYEES, AND VOLUNTEERS.

CERTIFICATE HOLDER City of Rialto 150 South Palm Ave Rialto, CA 92376	CANCELLATION 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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