

# SAMPLE

<b>CERTIFICATE OF COVERAGE</b>		Issue Date <b>DATE</b>
ADMINISTRATOR:  <b>NAME OF YOUR INSURANCE COMPANY</b>	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 COVERAGE DOCUMENTS BELOW.  ENTITIES AFFORDING COVERAGE:	
COVERED PARTY:  <b>YOUR COMPANY NAME AND ADDRESS</b>	<b>YOUR INSURANCE COMPANY</b>	

THIS IS TO CERTIFY THAT THE COVERAGES LISTED BELOW HAVE BEEN ISSUED TO THE COVERED PARTY NAMED ABOVE FOR THE 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 COVERAGE AFFORDED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE DOCUMENTS.

ENT LTR	TYPE OF COVERAGE	COVERAGE DOCUMENTS	EFFECTIVE/ EXPIRATION DATE	MEMBER RETAINED LIMIT / DEDUCTIBLE	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> GOVERNMENT CODES <input checked="" type="checkbox"/> ERRORS & OMISSIONS <input type="checkbox"/>	POLICY #	DATE/ DATE	\$	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	POLICY #	DATE/ DATE	\$	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 1,000,000
	<b>PROPERTY</b> <input checked="" type="checkbox"/> ALL RISK <input checked="" type="checkbox"/> EXCLUDES EARTHQUAKE & FLOOD <input type="checkbox"/> BUILDER'S RISK	POLICY #	DATE/ DATE	\$	\$ 1,000,000 EACH OCCURRENCE
	<b>PROFESSIONAL LIABILITY</b>	POLICY #	DATE/ DATE	\$	\$ 1,000,000 EACH OCCURRENCE
	<b>WORKERS COMPENSATION</b> <input checked="" type="checkbox"/> EMPLOYERS' LIABILITY	POLICY #	DATE/ DATE	\$	[ X ] WC STATUTORY LIMITS [ ] OTHER \$ 1,000,000 E.L. EACH ACCIDENT
	<b>EXCESS WORKERS COMPENSATION</b> <input type="checkbox"/> EMPLOYERS' LIABILITY			\$	\$ 1,000,000 E.L. DISEASE - EACH EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMITS
	<b>OTHER</b> Sexual Abuse & Molestation	Policy #	DATE/ DATE	\$ \$	\$1,000,000 EACH OCCURRENCE

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL PROVISIONS:**

**FREMONT UNION HIGH SCHOOL DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEEES AND BOARD MEMBERS ARE ADDITIONAL INSURED.**

CERTIFICATE HOLDER:  <b>FREMONT UNION HIGH SCHOOL DISTRICT 589 WEST FREMONT AVENUE SUNNYVALE, CA 94087</b>	CANCELLATION.....SHOULD ANY OF THE ABOVE DESCRIBED COVERAGES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING ENTITY/JPA WILL ENDEAVOR TO MAIL <u>30</u> 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 ENTITY/JPA, ITS AGENTS OR REPRESENTATIVES.  <div style="text-align: center; font-weight: bold; font-size: large;">SIGNATURE</div> <div style="text-align: right; font-size: small;">AUTHORIZED REPRESENTATIVE</div>
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Policy Number: \_\_\_\_\_

COMMERCIAL GENERAL LIABILITY

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 PART.

SCHEDULE

Name of Person or Organization:

**Fremont Union High School District, its Officers, Agents, Employees and Board Members  
589 West Fremont Avenue  
Sunnyvale, CA 94087**

The **Fremont Union High School District** is named as an additional insured. Such insurance as is afforded by this policy shall be primary, and any insurance carried by **Fremont Union High School District** shall be excess and noncontributory.

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.