



# Alliance Redwoods Conference Grounds

6250 Bohemian Highway, Occidental, CA 95465 | 707-874-3507

## Insurance Documents for Your Retreat

As part of your contract with Alliance Redwoods Conference Grounds each group must provide proof of their insurance & add the Alliance Redwoods property to their insurance. The formal documents for these are:

- 1) Certificate of Liability Insurance ("COI")
- 2) The Additionally Insured Endorsement

Please turn these two pages (see example below) in to your coordinator 3 weeks before your arrival.

Thank you!

**ACORD** CROSCI-01 JESSICAM  
**CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 09/28/2018

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: \_\_\_\_\_ PHONE (INC, PR, EXT): \_\_\_\_\_ FAX (INC, PR): \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ INSURER(A) - POLICY NUMBER: \_\_\_\_\_ NAIC #: \_\_\_\_\_

INSURED: **Your Group Name Here**

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.

TYPE	TYPE OF INSURANCE	ADD. THUR (ISO, RVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> RISK <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		12/01/2015	12/01/2018	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (EA occurrence) \$ 1,000,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (EA accident) \$
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	HIRE/ RENTED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB					EACH OCCURRENCE \$
						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					PER / DIS-SUITE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE/RETIRED/RETIREE EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If not, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER: **ARCG Name & Address Here**

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: \_\_\_\_\_

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

This Liability Coverage Endorsement is subject to the terms of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11). Only one liability coverage will apply to an occurrence and any related loss. This endorsement is attached to and made part of the policy.

THIS INSURANCE ENDORSEMENT FORMS PART OF YOUR POLICY CONTRACT. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED ENDORSEMENT**  
**ADDITIONAL CONDITION**

**ADDITIONAL CONDITION** OTHER PROVISIONS

The following additional condition is added to the Conditions section of the Liability and Medical Coverage Form (BGL-11):

All other provisions of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11) remain unchanged.

**Additional Insureds:** With respect to any person or entity shown on the declarations as an Additional Insured or who is otherwise designated by the Named Insured and recognized by us as an Additional Insured, we will provide Principal Coverage L of the Commercial Liability Coverage Form (GL-100) to such Additional Insured (they will be considered an insured for Principal Coverage L), but only to the extent that such person or entity is legally liable for the acts of you, your leader, your employee, or your appointed person. Such coverage will be limited to that which is specifically provided by Principal Coverage L, and will be strictly subject to the terms of this policy. No coverage will apply to any independent acts, errors, or omissions of an Additional Insured.

**Endorsement can look similar to this, sometimes it is more than one page.**

**Thanks!**

GL-152 (1.0) Copyright, 2013 International Mutual Insurance Co. All rights reserved. Page 1 of 1