

COMMUNITY SERVICES DEPARTMENT

Rental Insurance Requirements

701 Laurel Street, Menlo Park, CA 94025 (p) 650.330.2200 (f) 650.324.1721



INFORMATION:

To rent a picnic area, swimming pool, or room, one must first provide *Certificate of Liability Insurance* along with their application and payment for the rental.

A Certificate of Liability Insurance can be issued by the renter's homeowner's insurance or other insurance carrier. In order for the certificate to be valid, it must contain the following:

- The renter's name must be listed as the one "insured."
- The policy must not expire before the planned picnic date.
- The policy must be for \$1,000,000.
- The "description" should list the rental location, day, and event planned.
- The City of Menlo Park at 701 Laurel Street, Menlo Park, CA 94025 must be noted as "additional insured."

We cannot make a reservation before we receive the required application, payment and insurance.

SAMPLE CERTIFICATE:

CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY)
PRODUCER		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.		
INSURED		INSURERS AFFORDING COVERAGE		NAIC #
		INSURER A:		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
COVERAGES				
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
INSURANCE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>			
				EACH OCCURRENCE \$
				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$
				MED EXP (Any one person) \$
				PERSONAL & ADV INJURY \$
				GENERAL AGGREGATE \$
				PRODUCTS - COMPROP AGG \$
	AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> EXCL. <input type="checkbox"/> LOC <input type="checkbox"/>			
AUTOMOBILE LIABILITY	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			
				COMBINED SINGLE LIMIT (EA accident) \$
				BODILY INJURY (Per person) \$
				BODILY INJURY (Per accident) \$
				PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY	ANY AUTO			
				AUTO ONLY - EA ACCIDENT \$
				OTHER THAN AUTO ONLY: EA ACC \$
				AGG \$
EXCESS/UMBRELLA LIABILITY	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>			
				EACH OCCURRENCE \$
				AGGREGATE \$
	DEDUCTIBLE \$			
	RETENTION \$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below			
				WC STATUTORY LIMITS \$
				DIS. DISEASE - EA EMPLOYEE \$
				DISEASE - POLICY LIMIT \$
OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS				
CERTIFICATE HOLDER		CANCELLATION		
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
		AUTHORIZED REPRESENTATIVE		