

L. Certificate of Insurance

In order to use SBVC's facilities, a Certificate of Insurance is required showing the person or organization using the facilities are covered by public liability insurance in an amount not less than \$1,000,000.

The wording on the Certificate of Insurance MUST read as follows:

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT IS ADDED AS AN ADDITIONAL INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF THE DISTRICT'S AUTHORIZATION TO User's Name USE OF THE DISTRICT'S FACILITIES.

The District will not accept a Certificate with wording different from above.

Certificate Holder Address:
 San Bernardino Community College District
 114 Del Rosa Drive
 San Bernardino, CA 92408

cc: San Bernardino Valley College
 701 South Mount Vernon Avenue
 San Bernardino, CA 92410

ACORD		CERTIFICATE OF LIABILITY INSURANCE			Date (mm/dd/yy)
Producer Donna Uribes SCS Risk Management 1040 E. Cooley Dr Colton CA 92324 (909) 433-4750 www.sbcss.k12.ca.us/scsrmi/		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.		8/11/2005	
Insured San Bernardino City Unified SD Attention: Sandra Walker 777 North F Street San Bernardino CA 92410		INSURERS AFFORDING COVERAGE			
		INSURER A		Southern California Schools Risk Management	
		INSURER B		CSAC-CPEIA	
		INSURER C			
		INSURER D			
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.					
INSTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE MM/DD/YY	POLICY EXPIRATION DATE MM/DD/YY	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIAB <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ERRORS & OMISSIONS <input checked="" type="checkbox"/> WORKING AT ACTS GEN'L AGG LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	SCS2005RM	7/1/2005	7/1/2006	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any 1 fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	SCS2005RM	7/1/2005	7/1/2006	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACCS AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				STATUTORY LIMIT OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
ED	Ext. Coverage Rental Interup	SCS2005RM-B	3/31/2005	3/31/2006	\$1.5 Mil Excess Up to \$10 Mil Lease Excess to \$100 Mil
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Use of San Bernardino Community College facilities for students and employees as scheduled during period beginning 7/1/05 and continuing through 6/30/06. San Bernardino Community College District is added as an additional insured but only with respect to liability arising out of the District's Authorization to San Bernardino City USD's use of the District's facilities.					
CERTIFICATE HOLDER			CANCELLATION		
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT 114 DEL ROSA DRIVE SAN BERNARDINO, CA 92408			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES. * 10 Days for Non-Payment of Premium AUTHORIZED REPRESENTATIVE Karla Rhay		
ACORD 25-S (7/97)		created at www.e CertsONLINE.com		© ACORD CORPORATION 1988	