



# 2018 Liability Insurance Certificate Requirements

Our insurance carriers and our ability to maintain our coverage for this event require that a certificate of insurance be provided directly by your insurance agent. All sections must be completed as done in the example and in English.

Please submit your certificate of liability insurance with the following requirements:

1. Minimum insurance limits, including \$1,000,000 each occurrence and \$2,000,000 general aggregate
2. Insurance Company must be located and licensed to do business in the USA
3. The Insured Name on the certificate must be identical to the Legal Entity name listed on the exhibit contract.
4. Policy number
5. Policy period must cover the dates of the show week (Oct 14-16 2018)
6. Name the California Association of Pest Control Advisers and Disneyland Hotel as additional insured

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/OD/YYYY)
<b>PRODUCER</b> <b>Insurance Agent Name/Address</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span>		<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 POLICIES BELOW.</b>  <b>INSURERS AFFORDING COVERAGE</b> <b>NAIC #</b>
<b>INSURED</b> <b>Insured Name/Address</b>		
		<b>INSURER A: Insurance Company Name</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>

<b>COVERAGES</b>						
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.						
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	(Policy Number Mandatory) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">4</span>	Current Policy Period	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">5</span>	<b>EACH OCCURRENCE</b> \$ <b>1,000,000</b> <b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ <b>100,000</b> <b>MED EXP (Any one person)</b> \$ <b>5,000</b> <b>PERSONAL &amp; ADV INJURY</b> \$ <b>1,000,000</b> <b>GENERAL AGGREGATE</b> \$ <b>2,000,000</b> <b>PRODUCTS - COMP/OP AGG</b> \$ <b>2,000,000</b>
B		<b>AUTOMOBILE LIABILITY</b> <input 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				<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$ <b>BODILY INJURY (Per person)</b> \$ <b>BODILY INJURY (Per accident)</b> \$ <b>PROPERTY DAMAGE (Per accident)</b> \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTOS				<b>AUTO ONLY - EA ACCIDENT</b> \$ <b>OTHER THAN AUTO AGG ONLY: EA ACC</b> \$
C		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <b>DEDUCTIBLE</b> <b>RETENTION</b> \$				<b>EACH OCCURRENCE</b> \$ <b>AGGREGATE</b> \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<b>WC STATUTORY LIMITS</b> <b>E.L. EACH ACCIDENT</b> \$ <b>E.L. DISEASE - EA EMPLOYEE</b> \$ <b>E.L. DISEASE - POLICY LIMIT</b> \$
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

**Event at the Disneyland Hotel, Anaheim, California October 14-16, 2018. California Association of Pest Control Advisers and the Disneyland Hotel are hereby named as additional insureds** 6

<b>CERTIFICATE HOLDER</b>  <b>CAPCA</b> <b>2300 River Plaza Dr. #120</b> <b>Sacramento, CA 95833</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>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 INSURER, ITS AGENTS OR</b>  <b>AUTHORIZED REPRESENTATIVE</b>
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**Submit Certificate Endorsement Form by August 1, 2018 to:**

CAPCA  
 2300 River Plaza Dr. #120, Sacramento, CA 95833  
 Fax: 916-928-0705 Email: dee@capca.com