

LOS ANGELES UNIFIED SCHOOL DISTRICT
 Division of Risk Management and Insurance Services
 Risk Finance & Insurance Department



LAUSD INSURANCE GUIDELINES – ATHLETICS/TOURNAMENTS

Please use this checklist as a guideline for athletics and sports tournament leases in order to safeguard students, school site administrators, and others. Note that there are unique circumstances that may require additional coverage. If you have any questions regarding the insurance guidelines please contact Risk Finance at (213)241-0329 or email riskfinance@lausd.net.

▪ **ATHLETICS – LESSEE/VENDORS**

INSURANCE LIMITS:

COMMERCIAL GENERAL LIABILITY*

Per Occurrence Limit	\$5,000,000
Personal & Advertising Injury	1,000,000
General Aggregate Limit	5,000,000
Products & Completed Operations Aggregate	5,000,000
Fire Damage (Any One Fire)	50,000
Medical Payments (Any One Person)	5,000

(* - School year: 2021 and forward)

ABUSE & SEXUAL MOLESTATION**

Per Occurrence Limit	
General Aggregate Limit	\$1,000,000
**Vendors that will be in contact (Non-Incidental) with youth	1,000,000

(18 & under) will require Abuse & Sexual molestation coverage.

COMMERCIAL AUTO POLICY***

Combined Single Limit	\$1,000,000
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***All owned, hired and non-owned autos must be covered. If there are no owned autos a signed Commercial Auto Liability waiver is required.

WORKER 'S COMPENSATION****

Employer Liability	Statutory \$1,000,000
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**** Sole proprietors with no employees are exempt from providing WC coverage, but must provide a signed waiver statement.

- CIF Athletic Tournaments may be covered under the District Self-Insurance program.
 - Athletic Office verification required for school sponsored tournament
 - Application to Participate in Sanctioned Tournament
 - Application to Host sanctioned Tournament

- Cheerleading: Requires prior approval for Special Event Liability Program

Additional Requirements:

- Participant waiver
- Organizer/Vendor waiver

The Commercial General Liability Policy, Abuse coverage, and the Commercial Automobile Policy must contain an Additional Insured Endorsement wording of:

**LOS ANGELES UNIFIED SCHOOL DISTRICT & THE BOARD OF EDUCATION OF
 THE CITY OF LOS ANGELES
 333 S Beaudry Ave, 28th Floor, Los Angeles, CA 90017**

Los Angeles Unified School District Civic Center Sample Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/1/21

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 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 Mr. Broker 1 Main St Anytown, Any City, 00001	CONTACT NAME: Mr. Broker PHONE (A/C, No, Ext): 8005551212 FAX (A/C, No): E-MAIL ADDRESS: mrbroker@anybroker.com														
INSURED My BBall Team 2 Main St Anytown, My City, 00002	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : best insurance company</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : best insurance company		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		aaa12345	10/1/21	10/1/22	EACH OCCURRENCE \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	X		bbb5678	10/1/21	10/1/22	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB EXCESS LIAB			ccc91011	1/1/21	1/1/22	EACH OCCURRENCE \$
	OCCUR CLAIMS-MADE DED RETENTION \$						AGGREGATE \$ WC STATU-TORY LIMITS \$ OTHER \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ccc91011	1/1/21	1/1/22	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Abuse & Molestation			aaa12345	10/1/21	10/1/22	\$1,000,000 (occ/agg)

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

Los Angeles Unified School District and the Board of Education of the City of Los Angeles are included as additional insured with respects to General Liability and Auto Liability.

CERTIFICATE HOLDER Los Angeles Unified School District and the Board of Education of the City of Los Angeles 333 S Beaudry Ave, 28th Floor Los Angeles, CA 90017	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 valid signature
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Required Insurance Coverage. See below for additional information.

Required Limits of Insurance. See below for additional information.

Additional Insured, must say this:

Certificate Holder, must say this:

Additional Information:

General Liability Limits Requirements:

Athletic Activities (2021-22 School Year):	\$5,000,000/5,000,000 (occurrence/aggregate)
Non-Athletic Activities:	\$1,000,000/2,000,000 (occurrence/aggregate)

Abuse & Sexual Molestation Coverage (applicable when youth are involved) \$1,000,000 (occurrence/aggregate)

Commercial Automobile (incl. Hired & Non-owned) \$1,000,000 (combined single limit)
 If there are no owned commercial autos, a signed waiver is required.

Workers Compensation Statutory (\$1,000,000 Acc/Emp/Pol)
 If there are no employees, a signed waiver is required.