



BAKERSFIELD

RECREATION & PARKS

SPECIAL EVENT RESERVATION/RENTAL FEE & REQUIREMENTS EFFECTIVE AUGUST 1, 2021

PERMIT APPLICATION PROCESS

The Permit Application Process begins when the Applicant submits a completed Special Events Permit Application and Deposit to secure the event date. During the initial application screening process you will be allowed time to provide all pending documents (e.g. Liability Insurance Certificate, secondary permits, etc.). You may be contacted individually by City Departments if they have specific questions or concerns about your event. Please be aware that in some cases you may need to contact federal, state, or county agencies in addition to the City of Bakersfield.

Beginning **June 15, 2021**, applications for "[mega events](#)" will be required to include additional supplemental documentation including a COVID-19 mitigation plan describing safety procedures the applicant will implement as part of the planning and administration of the event. Mega Events are characterized by large crowds greater than 5,000 (indoors) and 10,000 (outdoors) attendees. Please visit the California Department of Public Health website at <https://www.cdph.ca.gov/> for additional details.

These requirements shall be in compliance with federal, state and local COVID-19 guidelines and may change without prior notice. In some cases throughout the Permit Application Process you will be notified if your event requires any additional information, permits, licenses or certificates. Delays in providing the requested items often delay the ability to approve a Special Events Permit in a timely manner and may result in denial of the application.

Keep in mind that acceptance of your Special Events Permit Application should in no way be construed as final approval from the City of Bakersfield.



BAKERSFIELD

RECREATION & PARKS

Changes Effective as of July 1, 2023

<u>Park Rental Rates:</u>	<u>*Half Day</u>	<u>Full Day</u>
Park (not TPRW, KPSV, MM)	\$521	\$1,045
The Park at River Walk (excludes Amphitheatre) Kaiser Permanente Sports Village		
Mesa Marin	\$1,045	\$2,092

Time Slots

***7 a.m. – 2 p.m. or 3 p.m. – 10 p.m.**

Permits/Additional Charges:

(In addition to an actual park site rental, additional fees and documentation are required.)

Special Event Permit, non-refundable	\$150
Amplified Sound Permit (if applicable), non-refundable	\$34
Alcohol Consumption Permit (if applicable), non-refundable	\$23
Non-Resident Fee (if applicable), non-refundable	\$26
Late Fee (if applicable)	\$35
Rescheduling Fee	\$23
Cancellation	\$34
Security/Cleaning Deposit, refundable based on clean-up/damages	\$500

*Minimum, based on prior history

Other Requirements:

Proof of Tax Exempt 501(c)3 Status

Insurance (General Liability/Additional Insured Endorsement, Auto Liability, and Workers Compensation)
\$1 million minimum – Please see Attachment 4 for more details

Kern County Health Permit, if applicable

Site Map of Event Activities

Walk/Run Course Map, if applicable

Down payment to secure date and start reservation application \$500
→ Additional fees maybe added based on the type of activity and/or need for City staff.



CITY OF BAKERSFIELD
DEPARTMENT OF RECREATION AND PARKS
SPECIAL EVENT RESERVATION & RENTAL
APPLICATION

<input type="checkbox"/> Martin L. King Jr. Community Center <input type="checkbox"/> Silver Creek Community Center <input type="checkbox"/> Sports Field _____	<input type="checkbox"/> Park Facility _____ <input type="checkbox"/> Pool Facility _____ <input type="checkbox"/> KRP Trail- Markings must be pre-approved. No Permanent paint. Clean-up is REQUIRED
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Business Name: _____ **Work Phone:** _____ **Email Address:** _____

Address: _____ **City:** _____ **Zip Code:** _____
(Number and street - No PO Boxes)

Applicant: _____ **DOB:** _____ **Cell Phone:** _____ **Open to Public:** YES / NO **Number of Participants:** _____
(Please Print Clearly)

Type of Event: _____ **Start Date:** _____ **Days:** _____ **Start Time:** _____
(Birthday, Wedding, Meeting, Tournament, etc.) **End Date:** _____ **End Time:** _____

IN CONSIDERATION of APPLICANT being permitted to use a city facility, the risks of which are apparent to APPLICANT for the above organization, and all members thereof, hereby waives, releases and discharges the CITY, its Mayor, council, officers, agents, employees, or designated volunteers, from any and all claims for damage for personal injury, death or property damage which may occur to me as a result of my participation in this event. This release is intended to discharge in advance the foregoing parties from any and all liability arising out of, or in any way connected with, said acceptance and receipt even though liability may arise out of the negligence or carelessness on the part of the persons or entities mentioned herein.

IT IS FURTHER UNDERSTOOD AND AGREED that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold free and harmless the foregoing parties from any loss, liability, damage, cost or expense which may incur as a result of any death, injuries, maintenance or property damage that may be sustained.

ALL POLICIES required of the APPLICANT shall be primary insurance as to the CITY, its Mayor, council, officers, agents, employees, or designated volunteers and the CITY's insurance shall not contribute to it. The general liability policy of the APPLICANT must contain an additional insured endorsement in favor of the CITY, its Mayor, council, officers, agents, employees and volunteers.

APPLICANT acknowledges that APPLICANT is authorized to sign on behalf of the entity and bind the entity fully to each and all of the obligations set forth in this agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Applicant, for himself/herself or the above organization and all members there of, agree to abide by the rules and regulations as set forth in the Bakersfield Municipal Code, Section 12.56.

Applicant's Signature

Date

Recreation and Parks Staff

FOR OFFICIAL USE ONLY
REQUIREMENTS AND APPROVALS

Special Event Permit: _____ (filed no less than 3 weeks before event)	YES / NO	To BPD: _____ Date	Approved: _____ Date	Rec & Parks Approval: _____ Date
Sound Permit: _____ (filed no less than 3 weeks before event)	YES / NO	To BPD: _____ Date Received	Approved: _____ Date	Rec & Parks Approval: _____ Date
Certificate of Insurance: YES/NO _____ Initials _____ Date _____			Non-Profit (Taxexempt) YES / NO _____ (Documentation required) ID Number: _____	
Consumption of Alcohol Permit: YES/NO _____ (Must be obtained 48 hours in advance)			Fundraiser YES / NO _____ (Must be non-profit)	
Portable Structure: YES/NO _____ (Jumps, bounce house, dunk tanks, tents, etc.) Indicate structure _____			Sale of Food, etc. YES / NO _____ Health Dept. Permit Number _____	

DISTRIBUTION:
SUPERVISOR (S): _____

OTHER: _____

Refund deposit to: payer of check

Approved:
☐ Yes

☐ No

Date: _____

By: _____



CITY OF BAKERSFIELD
DEPARTMENT OF RECREATION AND PARKS
SPECIAL EVENT RESERVATION / RENTAL FEE WORK SHEET

APPLICANT _____

RENTAL DATE: _____

PARK / FACILITY: _____

PROFIT _____ NONPROFIT: _____

RENTAL AREA(S)	FEE	X	HRS / UNIT	=	AMOUNT
_____	\$ _____	X	_____	=	\$ _____
_____	\$ _____	X	_____	=	\$ _____
_____	\$ _____	X	_____	=	\$ _____
_____	\$ _____	X	_____	=	\$ _____
_____	\$ _____	X	_____	=	\$ _____
_____	\$ _____	X	_____	=	\$ _____

PERMITS / DEPOSITS	FEE	X	UNIT	=	AMOUNT
Alcohol Permit	\$ _____	X	_____	=	\$ _____
Amplified Sound Permit	\$ _____	X	_____	=	\$ _____
Special Event Permit	\$ _____	X	_____	=	\$ _____
Damage / Cleaning Deposit	\$ _____	X	_____	=	\$ _____
Other: _____	\$ _____	X	_____	=	\$ _____
Other: _____	\$ _____	X	_____	=	\$ _____

EQUIPMENT / PARK STAFF FEES	FEE	X	HRS / UNIT	=	AMOUNT
* Subject to additional fees	\$ _____	X	_____	=	\$ _____
_____	\$ _____	X	_____	=	\$ _____
_____	\$ _____	X	_____	=	\$ _____
_____	\$ _____	X	_____	=	\$ _____

Entered into system by: _____ Balance due date: _____

SUBTOTAL: \$ _____

Date and Time: _____ Balance paid date: _____

LESS DOWN PAYMENT: \$ _____

Receipt number: _____ BALANCE DUE: \$ _____

I understand that as the renter of a City of Bakersfield Recreation and Parks facility for the purpose of a special event that I am responsible for monitoring the actions of all my guests and enforcement of all facility policies. **Any action that requires the Bakersfield Police Department response may result in the immediate cancellation of my activity and all guests may be required to leave the premises. I also understand that in the event my activity is forced to end prematurely, there will be no refund and all fees will be forfeited.**

I agree to the above fee(s) and understand any **balance of fee(s) must be paid in full no later than the balance due date indicated above**. If the fees are not paid by the stipulated due date, I understand that my rental will be cancelled and any fees that have been rendered for this rental will be refunded, excluding the cancellation fee of \$34.00, the sound permit of \$34.00, the alcohol permit of \$23.00, and the special event permit of \$150.00. If rental is cancelled less than five (5) working days prior to the event, all fees paid will be forfeited. Any changes to my reservation must be made at least two (2) working days in advance and in person by 1PM and I will be charged a \$23.00 rescheduling fee for any such change.

Applicant's Signature

Date

Recreation and Parks Staff

Date

Attachment 1

INDEMNIFICATION AGREEMENT

APPLICANT agrees, in consideration of the granting of this Application and Special Event/Rental Application for:

Special Event/Rental Name: _____ to be held on, _____ Event Date(s)

By _____ of _____ Event
Primary Applicant Host Organization

APPLICANT(s) agree to defend, indemnify and hold harmless the City of Bakersfield, and the City of Bakersfield's employees, officers, managers, agents, council members, and volunteers harmless from any and all losses, damages, claims for damage, liability, lawsuits, judgment expense and cost(s) arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including, but not limited to, attorney fees, costs and expert fees) arising out of or attributed to the issuance of Applicant's Special Event Application regardless of where the injury, death or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the City.

APPLICANT acknowledges that APPLICANT is authorized to sign on behalf of the entity and bind entity fully to each and all of the obligations set forth in this agreement.

APPLICANT agree to provide satisfactory evidence of, and shall thereafter maintain during the specified special event, such insurance policies and coverage in the type, limits, forms and ratings required by the City's Risk Manager or City Attorney or their designee.

Print Name

Title

Applicant Signature

Date

Attachment 2

APPLICANT AGREEMENT

Please read each statement. Initialing next to each statement indicates your understanding and agreement to the statement.

☐ I agree that any false statement or material misrepresentation made in support of this application and permit is cause for denial of issuance of a Special Event Application. Applicant also agrees that failure to adhere to the policies and procedures established by the City of Bakersfield Municipal Code 10.69, known as the "Special Events", or any conditions or restrictions imposed upon the permit by the Bakersfield Police Department is cause for revocation of the Special Use Permit. Applicant further agrees that the Special Use Permit may be revoked at any time by the City Manager or his designee.

☐ I agree, upon request, to provide a Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 combined single limit AND an additional insured endorsement naming the City of Bakersfield, its officers, employees and agents' as additional insured. This document must be submitted no later than ten (10) days prior to the event start date.

☐ I agree to notify all residents and businesses that will be affected by street/sidewalk closures and/or amplified sound. The applicant shall notify all business owners located adjacent to any right-of-way which will be closed for the event. Proof of written notice shall be submitted to the city manager or his designee. (B.M.C. 10.69.030 C.) If the event will affect access to more than one business, the applicant must notify the Greater Bakersfield Chambers of Commerce. Notification also includes the posting of Temporary "No Parking" Signs on streets involved in closures for the event.

By signing below, I indicate as the Event Organizer or Host Organization an understanding and agreement to the above statements.

Print Name

Title

Applicant Signature

Date

Attachment 3

City of Bakersfield

Good Neighbor Policy - Notice of Temporary Street / Sidewalk Closure

The Applicant listed below has requested a temporary street/sidewalk closure. The City of Bakersfield requires the applicant to notify all residents and businesses that will be affected by the street/sidewalk closures. This document shall serve as the proof of notice of the proposed street/sidewalk closure.

A temporary street/sidewalk closure has been requested for the following date(s)/time(s) for the streets listed.

Closure Start Date: _____
(Day of Week) (Date)

Closure Start Time: _____ AM/PM

Closure End Date: _____
(Day of Week) (Date)

Closure End Time: _____ AM/PM

Street Name(s):

The purpose of the proposed street/sidewalk closure is (Event Description):

Applicant:

Contact Name:

Mailing Address:

Acknowledgement:

By signing below, the undersigned acknowledges receipt of the above Notice of Temporary Street/Sidewalk Closure.

Print Name

Business Name

Address

Signature

Title

Phone Number

**CITY OF BAKERSFIELD SPECIAL EVENT PERMIT APPLICATION - GOOD NEIGHBOR
NOTIFICATION**



BAKERSFIELD

THE SOUND OF *Something Better*

Workers' Compensation Coverage Exemption Declaration

The undersigned (hereinafter referred to as "I" or "Me") hereby declares that the following is true and correct:

I am an individual or a company that has entered, or will be entering, into an agreement with the City of Bakersfield to provide goods or services.

I am familiar with the terms of said agreement which require Me to maintain workers' compensation coverage as required by California Law.

I am familiar with the workers' compensation laws of California (generally contained in section 3700 of the Labor Code), including those provisions which provide for specific exemptions from the requirement that all employers must carry workers' compensation insurance, and I am exempted under the law from the requirement to maintain workers' compensation insurance coverage.

In addition, during the term of any work for the City of Bakersfield under said agreement, (i) I will not employ any person in any manner so as to become subject to the workers' compensation laws of California, or (ii) should I become subject to the worker's compensation provision of Section 3700 of the Labor Code for any reason, I shall forthwith comply with those provisions and send evidence of compliance to the City of Bakersfield.

Date: _____

Name: _____ Name: _____
(Print or type) (Signature)

Company Name (if any): _____

Title: _____ Telephone: _____

Warning: In California, failure to secure workers' compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000). In addition to the cost of compensation, damages may be assessed as provided for in Section 3706 of the Labor Code, including, but not necessarily limited to, interest and attorney's fees.



BAKERSFIELD

THE SOUND OF *Something Better*

Insurance Requirements As of October 2021

The City of Bakersfield has the following mandatory insurance requirements for vendors and construction projects.

Commercial General Liability

1. Current policy with limits of no less than \$1,000,000 per occurrence
2. Coverage must be on an occurrence basis (versus claims made)
3. An additional insured endorsement is required and must include the following language:

*"The City Bakersfield, its mayor, council, officers, agents, employees and volunteers are included as an additional insured" *****

Auto Liability

1. Current policy with limits of no less than \$1,000,000 per occurrence and must include coverage for owned, non-owned and hired autos.

Workers Compensation

1. Current policy with limits of no less than \$1,000,000
2. Waiver of subrogation endorsement is required in favor of the City.

FAX ALL INSURANCE DOCUMENTATION TO (661) 852-2030

Please Note

A statement on a certificate of insurance naming the City of Bakersfield as an additional insured is not sufficient; copy of the policy endorsement naming the City as such must be included. ****

- The City is to be provided at least 30 day written notice of policy cancellation or if there are any material changes in the policy language or terms.
- All policies provided must be primary insurance and have a Best's insurance rating of A-/VII or better.
- If any work is subcontracted, all insurance requirements as set forth above are required of the subcontractor.

Listed above are the minimum requirements currently in effect and are subject to change. The City of Bakersfield reserves the right to change, alter or modify the requirements based on the elements of a particular project.

For additional information please call (661) 326-3738, or visit our webpage at bakersfieldcity.us



Sample - Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/24/2020

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 Clifford & Bradford Insurance Agency 1800 19th Street Bakersfield CA 93301-4315	CONTACT NAME: PHONE (A/C, No. Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED ABC Company 12345 USA Street Bakersfield, CA 93300	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: United Financial Casualty Co.		11770
	INSURER B: West American Ins Co.		44393
	INSURER C: Oak River Insurance Company		34630
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 1907915241

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		GL-123456	12/12/2019	12/12/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AUTO7891011	10/12/2019	10/12/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC12131415	8/1/2020	8/1/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CITY OF BAKERSFIELD, ITS MAYOR, COUNCIL, OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS ARE ADDITIONAL INSURED UNDER GENERAL LIABILITY PER ATTACHED FORM #CG2010 0413 AND CG2037 0413, WITH PRIMARY WORDING PER ATTACHED FORM #CG2001 0413. WAIVER OF SUBROGATION FOR GENERAL LIABILITY APPLIES PER ATTACHED FORM #CG2404 0509. WAIVER OF SUBROGATION FOR WORKERS COMPENSATION PER APPLIES PER ATTACHED FORM #WC99 0410 C. ANY ENDORSEMENTS ATTACHED AND/OR DESCRIBED HEREIN APPLY WITH RESPECTS TO THE OPERATIONS OF THE NAMED INSURED AS REQUIRED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS; SUBJECT TO STATUTE AND POLICY PROVISIONS.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF BAKERSFIELD OFFICE OF RISK MANAGEMENT 1600 TRUXTUN AVE BAKERSFIELD, CA 93301	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 

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ACORD 25 (2016/03)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

Sample - Additional Insured Endorsement

POLICY NUMBER: GL123456

COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

CITY OF BAKERSFIELD
OFFICE OF RISK MANAGEMENT
1600 TRUXTUN AVE
BAKERSFIELD, CA 93301

Location And Description Of Completed Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA BLANKET BASIS

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this endorsement shall be calculated by applying a factor of 2% to the total manual premium, with a minimum initial charge of \$350, then applying all other pricing factors for the policy to this calculated charge to derive the final cost of this endorsement.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket Waiver

Person/Organization	Blanket Waiver – Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
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Job Description	Waiver Premium (prior to adjustments)
All CA Operations	

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 08/01/2020

Policy No.: WC12131415

Endorsement No.:

Insured:

Premium \$

Insurance Company: Oak River Insurance Company

Countersigned by _____