



City of Santa Clarita
Community Development
Planning Division
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355

Sample Outdoor Dining Application

Old Town Newhall Specific Plan Area

Attached is a **Sample Outdoor Dining Application**. Restaurants located within certain areas of the Old Town Newhall Specific Plan (OTNSP) may utilize the City's Sidewalk as additional dining space with approval of an Outdoor Dining Application.

The following is a List of Required Documents needed for an Outdoor Dining Application submittal:

List of Required Documents

- A. OTNSP Outdoor Dining Application*
- B. Site Plan
- C. Project Description
- D. W-9
- E. Insurance

*No application fee required

Please submit the complete application to the Planning Division in person at our permit center or by email at erubalcava@santaclarita.gov. The application documents will be reviewed by the City. Once complete, a License Agreement (formal contract) will be routed for digital signature via DocuSign. The document will be signed by City staff and the applicant.

If you have any questions, please contact Emily Rubalcava, Assistant Planner II at (661) 255-4317.



City of Santa Clarita
Community Development
Planning Division
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355

Official Use Only

OTC # _____

A

Outdoor Dining Application

Within City Right-of-Way
Old Town Newhall Specific Plan Area

A. BUSINESS AND APPLICANT INFORMATION

Applicant Name: Sammy Clarita Business Name: Sammy's Diner
Business Address: 123 Main Street Assessor's Parcel Number (APN): 1234-567-890
Phone: (661)255-4330 Email: sclarita@diner.com

B. PROPERTY OWNER(S) STATEMENT

I/we declare that I/we are the owner(s) of the property described herein and hereby give authorization for the filing of this application. I/we do, by my/our signature(s) on this agreement, absolve the City of Santa Clarita of all liabilities regarding any deed restrictions that may be applicable to the property described herein. I/we hereby grant the City admittance to the subject property as necessary for processing of the project application. I/we declare under penalty of perjury that the foregoing statements and answers herein contained, and the information herewith submitted, are in all respect true and correct to the best of my knowledge and belief.

Property Owner Information

Name(s): Proper T. Owner
Address: 456 Main Street Phone: (661)255-4330
City: Santa Clarita State: CA Zip Code: 66219 Email: sclarita@diner.com

Proper T. Owner
Property Owner Signature

September 1, 2022
Date

C. APPLICATION SUBMITTAL REQUIREMENTS

An example of these submittal documents can be found on the Planning Division website.

☒ Site Plan & Project Description

☒ W-9 Form

☒ Insurance Documents

(refer to Section E for information)

☒ License Agreement

(to be completed via DocuSign)

☒ No Fees Required

D. OUTDOOR DINING REQUIREMENTS

All approved outdoor dining shall comply with the requirements set forth in Section 4.7 (Outdoor Dining Guidelines) of the Old Town Newhall Specific Plan. These requirements include but are not limited to:

1. The following minimum setbacks shall be maintained at all times:
 - a. 5' min. width unobstructed pedestrian path of travel;
 - b. 4' min. setback from driveways;
 - c. 8' min. setback from pedestrian ramps at corners; and,
 - d. 2' min. setback from any legally required building entrance or exit.
2. All planters or pots shall be a min. height of 2' and max. height of 4'.
3. Dining areas shall not block safe access to businesses, parking spaces, bike stalls, or other public spaces.
4. Chairs and tables shall not extend into the required accessible walkway at any time.
5. Tables and chairs shall not be affixed to the sidewalk or any portion of the right-of-way.
6. All furniture will be required to be removed in the case of any maintenance or repairs conducted by the City.
7. Dining areas and furniture shall not cover, obstruct, or damage any portion of the Walk of Western Stars or other public amenities.
8. Freestanding and A-frame signs located on the public right-of-way shall require a separate permit.

E. INSURANCE REQUIREMENTS

The City of Santa Clarita requires the following insurance documents for all Outdoor Dining permits:

1. Certificate of Insurance including policy numbers, effective dates, and policy limits (combined single limit of \$5,000,000 per occurrence)
2. General liability endorsement with the City of Santa Clarita named as an additional insured
3. Proof of liquor liability coverage (if business serves alcohol)
4. Proof of workers compensation coverage and waiver of subrogation for the policy

F. EXPIRATION AND RENEWAL

This approval will automatically expire with the provided insurance certificates. The applicant shall provide updated insurance documents 30 days prior to expiration. Failure to provide this documentation will result in the revocation of the Outdoor Dining permit.

Failure to comply with the requirements of this approval may result in revocation of this approval or denial of future applications.

G. APPLICANT STATEMENT

I declare under penalty of perjury that all information included in this application is true and correct, and that I have completed the above referenced application to the best of my ability.


Property Owner/Applicant Signature

September 1, 2022
Date

For Official Use Only

Approved By: _____ Date: _____

Notes: _____

☐ OTC Created

☐ LMD, ENG & ED Notified

☐ Risk Contract Processed

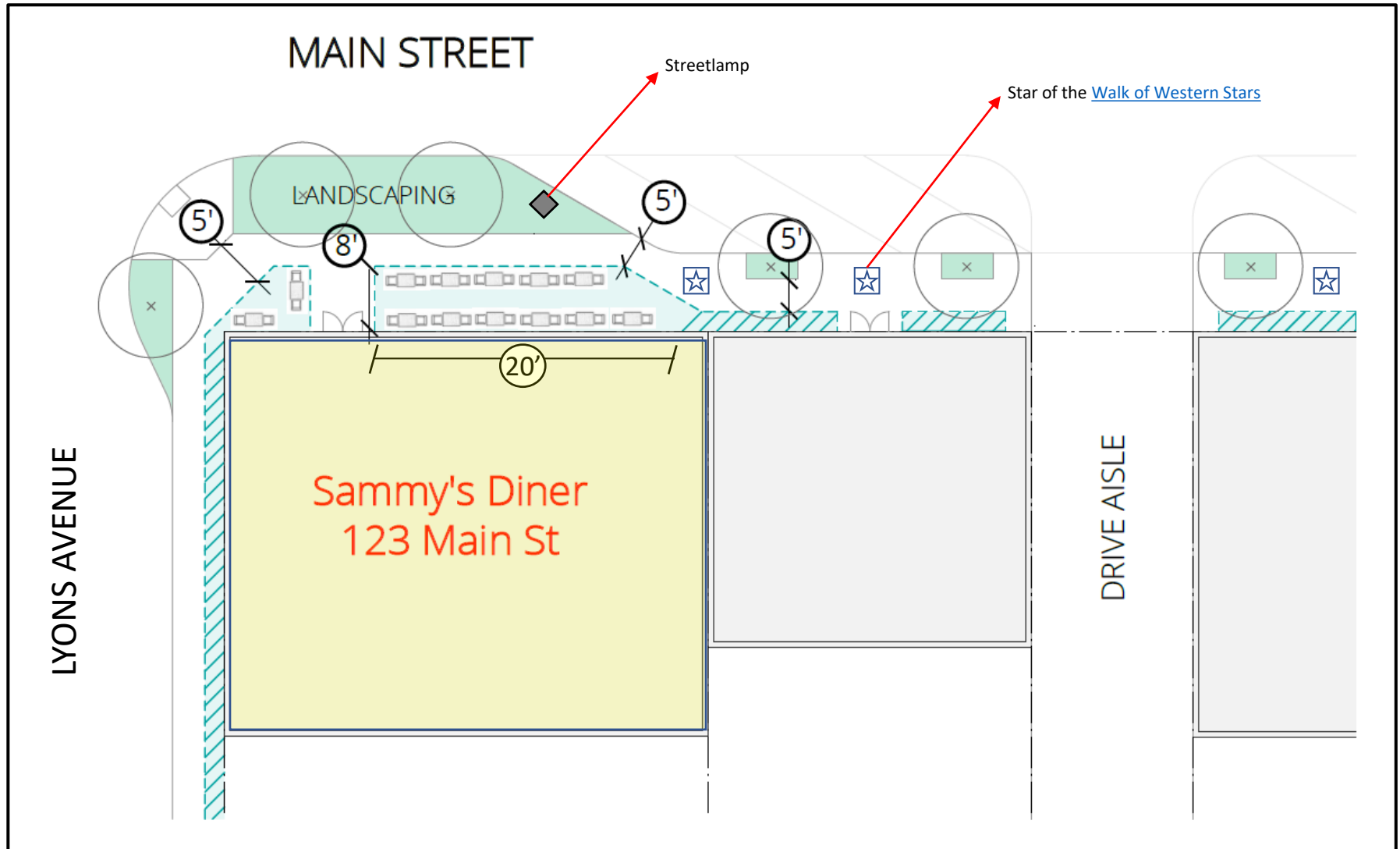
☐ Site Inspected

SAMPLE SITE PLAN

B

Indicate:

- Dimensions of 5' min. walkway
- Dimensions of dining area
- Street landscapes, lamps, & stars





SAMPLE PROJECT DESCRIPTION

For the Outdoor Dining Application within City Right-of-Way

Sammy's Diner is a sandwich shop located on 123 Main Street within the Old Town Newhall Specific Plan. The hours of operation for the restaurant is: Monday to Sunday 7 am to 9 pm. We also serve alcohol with food per our ABC liquor license.

We are requesting to install an outdoor dining patio along Main Street (see Site Plan). There will be a minimum of a 5-foot path of travel on the sidewalk. The dining area does not block any Stars from the Western Walk of Stars. The planters and fencing are NOT permanently mounted and complies with the Old Town Newhall's Outdoor Dining Regulations.

Also attached is my W-9 and all the required active insurance documents including liquor liability and worker's compensation. (attached).

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Sammy's Diner

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
123 Main Street

Requester's name and address (optional)

6 City, state, and ZIP code
Santa Clarita, CA 91321

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name on line 1. To avoid backup withholding, for individuals, this is generally your social security number (SSN), however, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-						
--	--	--	--	---	--	--	--	--	--	--

or

Employer identification number

8	6	-	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► *Sammy Clarita* Date ► **9/1/2022**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



SAMPLE INSURANCE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/2/2017

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		CONTACT	
Insurance Agency Name		Agents Name	
Insurance Agency Address		PHONE (A/C, No, Ext):	Agents Phone
City ST ZIP		FAX (A/C, No):	Agents Fax
INSURED		E-MAIL ADDRESS: Agents Email	
Vendor Name		INSURER(S) AFFORDING COVERAGE	
Vendor Address		NAIC #	
		INSURER A: A Rated Carrier	
		INSURER B: A Rated Carrier	
		INSURER C: A Rated Carrier	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER** Maintenance Agreement**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
A	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			POLICY#	EFF DATE	EXP DATE	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 10,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO			POLICY#	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			POLICY#	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 Santa Clarita, it's officials and employees are named as additional insured, but only as respects to the liability arising out the work performed by the named insured. Provisions for additional insured are outlined in the above referenced general liability and auto liability policy and only apply when required by written contract. Coverage provided is Primary and Non Contributory and a waiver of subrogation applies in favor of the City of Santa Clarita. *10 day notice of cancellation for non-payment of policy premium.

CERTIFICATE HOLDER**CANCELLATION**

(661) 255-1996

City of Santa Clarita
23920 Valencia Blvd
Santa Clarita, CA 91355

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

Signature of Authorized Agent

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Policy Number:

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – PRIMARY AND NONCONTRIBUTORY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: City of Santa Clarita 23920 Valencia Blvd. Santa Clarita, CA 91355	
---	--

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to “bodily injury” or “property damage” occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
- (2) That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

If the contract between the additional insured and you requires that the insurance afforded by this policy be primary and noncontributory, this insurance shall be primary and noncontributory but only as to the general liability policy(ies) where that additional insured is listed as the named insured on the declaration page(s) of such policy(ies).

All other terms and conditions of this policy remain unchanged.

SAMPLE

POLICY NUMBER:

**COMMERCIAL AUTO
CA 20 48 02 99**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

GARAGE COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: (Authorized Representative)
Named Insured:	

SCHEDULE

Name of Person(s) or Organization(s):	City of Santa Clarita 23920 Valencia Blvd. Santa Clarita, CA 91355
--	--

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

SAMPLE

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

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.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be ___*___% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

WHERE YOU ARE REQUIRED BY WRITTEN CONTRACT TO OBTAIN THIS AGREEMENT FROM US, PROVIDED THE CONTRACT IS SIGNED AND DATED PRIOR TO THE DATE OF LOSS TO WHICH THIS WAIVER APPLIES. IN NO INSTANCE SHALL THE PROVISIONS AFFORDED BY THIS ENDORSEMENT BENEFIT ANY COMPANY OPERATING AIRCRAFT FOR HIRE.

SAMPLE

*The premium charge for this endorsement shall be X% of the premium developed in the State of California, but not less than X policy minimum premium.

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	02/01/2020	Policy No.	123456789	Endorsement No.	20
Insured	CONTRACTOR NAME			Policy Effective Date	
Insurance Company	NAME OF INSURANCE COMPANY			02/01/2020	

Countersigned By _____

**POLICY NUMBER MUST MATCH
WORKERS COMP POLICY NUMBER**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/17/2018

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:
The terms and
conditions of the
certificate holder

) must be endorsed. If SUBROGATION IS WAIVED, subject to
ent. A statement on this certificate does not confer rights to the

Liquor Liability
required if serving alcohol

PRODUCER

INSURED

FAX
(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1761509810

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	POLICY #	DATE	DATE	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 4,000,000
	OTHER:					LIQUOR LIABILITY \$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

The City of Santa Clarita, its respective elected and appointed boards, officials, officers, agents and employees are named as Additional Insured. This insurance is Primary and Non-Contributory.

CERTIFICATE HOLDER

City of Santa Clarita
23920 Valencia Blvd
Santa Clarita, CA 91355

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

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