



**City of Millbrae  
Recreation Department  
477 Lincoln Circle | Millbrae CA 94030  
650.259.2360**

**Special Event: Insurance Requirements**

In compliance with the City of Millbrae Standard insurance requirements, all organizations or individuals requesting to host a special event within City of Millbrae boundaries must provide proof of insurance as stated below.

**A. CERTIFICATE OF LIABILITY INSURANCE**

- Minimum amounts: \$1,000,000 per occurrence. The Certificate of Insurance must contain **General Liability, Automobile Liability** (if required) **and Worker’s Compensation** (if required).
- The Certificate Holder must be:  
**City of Millbrae  
650 Magnolia Avenue  
Millbrae, CA 94030**

**B. SPECIAL ENDORSEMENT**

- The City of Millbrae must be named as additional insured and it must be in the form of and actual endorsement to the policy. The Special Endorsement and the Certificate of Liability Insurance must be submitted together. Certificates may be sent to [recreation@ci.millbrae.ca.us](mailto:recreation@ci.millbrae.ca.us) or faxed to 650.259.2477, ATTN: Recreation Superintendent.

**Sample Endorsement:**

<p>POLICY NUMBER: XXXXXXXXXXXX THIS ENORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.</p> <p>This endorsement modifies insurance provided under the following:</p> <p style="text-align: center;">COMMERCIAL GENERAL LIABILITY COVERAGE PART</p> <p style="text-align: center;">SCHEDULE</p>
<p>Name of Additional Insured Person(s) or Organization(s)</p> <p>The City of Millbrae its councilmembers, officers, employees, agents, and volunteers. This insurance shall apply as primary insurance as respects any Person, Organization, Partnership, or Joint Venture named above, and any other insurance available to such Person, Organization, Partnership, or Joint Venture shall be excess and not contributory with the insurance afforded by this policy.</p>
<p style="text-align: center;">ENDORSEMENT</p> <p>This endorsement is part of the policy and must be attached to the certificate of liability insurance. It must be effective on the inception date of the policy unless otherwise stated herein.</p> <p>IT IS UNDERSTOOD AND AGREED THAT THIS POLICY IS AMENDED TO INCLUDE THE FOLLOWING: The City of Millbrae, its councilmembers, officers, employees, agents, and volunteers are named as additional insured. It is further understood and agreed that this insurance shall be primary and not contributing with any other insurance in effect for additional insured. In the event of cancellation or material change in this coverage, thirty (30) days advance written notice of such cancelation or in the event of cancellation or material change in this coverage, thirty (30) days advance written no change will be given to the additional insured at the address stated on the certificate of insurance.</p>