

Certificate of Insurance



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 LISTED BELOW.

NAME AND ADDRESS OF AGENCY WESTERN INSURANCE ASSOCIATES 1010 E. UNION STREET PASADENA, CA 91106-0624 (213) 681-7000 • (213) 440-0111	COMPANIES AFFORDING COVERAGES	
	COMPANY LETTER	A Insurance Company of North America
	COMPANY LETTER	B
	COMPANY LETTER	C
	COMPANY LETTER	D
NAME AND ADDRESS OF INSURED Ambassador College/ Worldwide Church of God 300 West Green Street Pasadena, CA 91123	COMPANY LETTER	E

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)		
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES—OPERATIONS <input type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD <input type="checkbox"/> UNDERGROUND HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input type="checkbox"/> CONTRACTUAL INSURANCE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> PERSONAL INJURY	GLPG0004249-3	9/1/86	BODILY INJURY	\$	\$
				PROPERTY DAMAGE	\$	\$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$ 1,000	\$ 1,000
				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED			BODILY INJURY (EACH PERSON)	\$	
				BODILY INJURY (EACH ACCIDENT)	\$	
				PROPERTY DAMAGE	\$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	\$
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY	\$	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES
Use of facilities, per agreement, for Church Services and Church-related activities from Sept. 29, 1985 through October 7, 1985. Escambia County is named as Additional Insured.

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:
Pensacola Civic Center
P. O. Box 631
Pensacola, FL 32593

(Revised)
 DATE ISSUED: **September 18, 1985**

 AUTHORIZED REPRESENTATIVE



CERTIFICATE OF INSURANCE

Request Form

Certificate Holder: _____

Address: _____

Attn: _____

Location (X if same as Certificate Holder _____)

Name: _____

Address: _____

Purpose of Use: _____

Date(s) of Use: _____

Mail to: Me _____, Certificate Holder _____

Other _____

Address _____

Automatic Renewal: Yes _____, No _____

Is there special wording in the agreement or contract for an
Additional Insured? Yes _____, No _____.

Comments: _____

Date called into Pasadena _____



CERTIFICATE OF INSURANCE

Request Form

Certificate Holder: _____

Address: _____

Attn: _____

Location (X if same as Certificate Holder____)

Name: _____

Address: _____

Purpose of Use: _____

Date(s) of Use: _____

Mail to: Me _____, Certificate Holder _____

Other _____

Address _____

Automatic Renewal: Yes _____, No _____

Is there special wording in the agreement or contract for an Additional Insured? Yes _____, No _____.

Comments: _____

Date called into Pasadena _____



Mr. Mark McCulley

Festival Department

5/27/86

Chris Anderson

Insurance

Indemnity and Insurance Clauses in Festival Contracts

As we discussed, below you will find what I consider to be fair and equitable wording relative to the assumption of liability in the contracts for our various festival locations:

Indemnity Clause:

"Lessee (the Church) agrees to indemnify and hold harmless Lessor from all loss, liability, claims or expense (including reasonable attorneys' fees) arising from bodily injury, including death or property damage to any person, caused, in whole or in part, by the negligence or misconduct of Lessee except to the extent same are caused by the negligence or misconduct of the Lessor."

Insurance Clause:

"Lessee agrees to purchase, at its sole cost, an insurance policy of comprehensive general liability for bodily injury and property damage in an amount of not less than one million (\$1,000,000) combined single limits and provide Lessor with a certificate of insurance evidencing such coverage upon request. Lessee agrees to name Lessor as an additional insured to the extent lessor is indemnified pursuant to paragraph ? (Indemnity), hereof."

The foregoing is a rational and fair approach to the matter at hand. For the Church to be forced to assume any liability beyond this is unfair and unreasonable as well as an unrealistic expectation on the part of any lessor under the present liability crisis.

In communicating this to the various convention and/or Chamber of Commerce representatives, it should be stressed that the Church is most willing to accept liability for which it is, in whole or in part, responsible. However, the Church expects the respective conventions to assume liability which is rightfully theirs.



ADDITIONAL INSURED

- A) Use of facilities, per agreement, for Church Services and Church-related activities from September 29, 1985 through October 7, 1985. The City of Sacramento, County of Sacramento, Sacramento Community Authority, Sacramento Convention and Visitor's Bureau, their officers, employees and agents, are named as Additional Insured.

- B) Use of various school facilities within the district for Y.O.U. and Church activities-September 1, 1985 to September 1, 1986. Chico Unified School District is named as Additional Insured.

- C) Canoe trips on Jenk's Lake, Barton Flats, as contracted. Barton Flats Camping Association and U.S. Forest Service are named as Additional Insured.



CERTIFICATE OF INSURANCE

Request Form

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Address: _____

Attn: _____

Location (X if same as Certificate Holder____)

Name: _____

Address: _____

Purpose of Use: _____

Date(s) of Use: _____

Mail to: Me _____, Certificate Holder _____

Other _____

Address _____

Automatic Renewal: Yes _____, No _____

Is there special wording in the agreement or contract for an Additional Insured? Yes _____, No _____.

Comments: _____

Date called into Pasadena _____

