



**STREET CLOSURE**  
**SPECIAL EVENT PERMIT APPLICATION**  
Community Development • Planning & Building  
2263 Santa Clara Ave., Rm. 190  
Alameda, CA 94501-4477  
alamedaca.gov  
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538  
Hours: 7:30 a.m.–3:30 p.m., M–Th

**Allow ten business days to process permit**

Attached is an application form for authorization to temporarily encroach into the public right-of-way in the City of Alameda. Included with this application is a list of general conditions which may or may not apply to your activity. Please review these conditions along with the application and **answer all questions completely**. Please call (510) 747-6800 if you have any questions.

1. Complete the attached **application materials** using blue or black ink, only
2. Complete the attached **Indemnity and Hold Harmless Agreement**. The City must be indemnified against any and all property damage or bodily injury which may occur. The applicant assumes all responsibility
3. **Certificate of Insurance** and an **Endorsement for General Liability Coverage** naming the City of Alameda as an Additional Insured in the amount of \$2 million for the duration of the activity (See attached examples)
4. **Notification of Event** passed out 300 feet to owners/tenants of the residential and/or commercial properties that will be impacted by the event
5. **Diagram Map of the Street Closure** with Traffic Control and Reroute plan if necessary
6. **Caltrans Permit Approval** if the route for the Street Closure encroaches upon portion of State Highway
7. **Application deposit fee:** **\$750.00** non refundable
8. **No Parking fees:** \$15.00 per space
9. **Closures along AC Transit Bus Routes**-Applicant will need a Detour Plan from AC Transit prior to submittal of application (Contact AC Transit at (510) 891-4908 or (510) 891-4744)

Return your completed application in person along with the items listed above to the Permit Center, Room 190, 2263 Santa Clara Avenue, Alameda from 7:30 a.m. to 3:00 p.m. Monday through Thursday. A Permit Technician will accept your application and fee, and route your application to the appropriate City departments for approval. **Please note:** our office is closed on Friday.

**After all approvals are received in the Permit Center, you will be contacted to read and sign the Special Event Conditions of Approval Form prepared for your Special Event.**

## REQUIRED ATTACHMENTS FOR THIS APPLICATION

FORM ID	FORM NAME	NO PAGES
SE1	Indemnity and Hold Harmless Agreement	1
SE2	Bicycle Parking Requirements	1
SE3	“No Parking” Certificate of Posting	1
SE4	Required Signatures Page	1
SE5	Temporary Encroachment	4
SE6	Request for Refund of Deposit	1
SE8	Required Signature Page	4

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## INDEMNITY AND HOLD HARMLESS

### AGREEMENT (SE1)

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\_\_\_\_\_  
whose address is \_\_\_\_\_

(hereinafter "Indemnitor") in consideration of \_\_\_\_\_

agrees to the following terms and conditions:

Indemnitor shall defend, indemnify, and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, regardless of the merit of outcome of any such claim or suit arising from or in any manner connected to the event, services, or work conducted or performed pursuant to this Agreement and Permit.

Indemnitor shall defend, indemnify and hold harmless the City of Alameda, its City Council, Boards and Commissions, officers, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses whatsoever, including reasonable attorney's fees, accruing or resulting to any and all persons, firms, or corporations, furnishing or supplying work, services, materials, equipment, or supplies arising from or in any manner connected to the services or work conducted or performed pursuant to this Agreement and Permit.

By the signature below, Indemnitor agrees that it has read this Indemnity and Hold Harmless Agreement and accepts and agrees to each and every term and condition herein.

The signatory below warrants that he/she is authorized by the Indemnitor to execute on its behalf this Indemnity and Hold Harmless Agreement.

INDEMNITOR:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

## **BICYCLE PARKING REQUIREMENTS (SE2)**

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### **REQUIREMENTS, EVENTS WITH MORE THAN 100 PARTICIPANTS**

1. Organizers should reserve space for bike parking commensurate with at least 5% of the total expected crowd. Expect a greater need for bicycle parking (10%) at any event located on Recreation and Park property.
2. In parking bicycles, an average length of 6 feet and width of 1.75 feet should be reserved for a single bike.
3. Bicycle parking should be within sight of a regular entrance to the event (maximum of a one-block radius). This can include car garages, schoolyards, parking lots, or on-street parking.
4. Valet parkers must handle the parking and return of bicycles. Bicycles should be returned upon receiving a claim check to ensure the same bicycles are returned that were left. Valet parkers should record the number of bicycles parked at the event and provide that number to the event sponsor in order to estimate the amount of space needed for the following year's event.
5. Bicycle parking should be monitored at all times by someone approved by the event sponsor.
6. Hours of operation of the secured attended bicycle parking must be at least the same hours as the event.
7. The sponsor shall be financially responsible for the secured attended bicycle parking in the event that bicycles are damaged or stolen.
8. Bicycle parking information must be provided whenever any kind of transportation or directional information is advertised for the event, in the same format and with equal amount of space. All events must indicate the location of the secured attended parking facilities and all event personnel must be aware of the location.

Should any unique circumstances arise in relation to the bicycle parking for a particular event, the applicant should contact the Transportation Coordinator with the Public Works Department of the City of Alameda at (510) 747-7948.



## “NO PARKING”

### CERTIFICATE OF POSTING (SE3)

Community Development • Planning & Building

2263 Santa Clara Ave., Rm. 190

Alameda, CA 94501-4477

alamedaca.gov

510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538

Hours: 7:30 a.m.–3:30 p.m., M–Th

# EN: \_\_\_\_\_

#### “No Parking” Signs

Address/Location: \_\_\_\_\_

Dates, from: \_\_\_\_\_ to: \_\_\_\_\_

Hours, from: \_\_\_\_\_ to: \_\_\_\_\_

Number of spaces requested: \_\_\_\_\_ @ \$13.00/space per day

Reason or purpose of posting (construction, moving, filming, etc.):

\_\_\_\_\_

Signs will be posted on, date: \_\_\_\_\_ time: \_\_\_\_\_

*Note: “No Parking” signs must be posted at least 24 hours in advance of requested time, per AMC Section 8-7.4a.*

#### Sketch of Posting Area

I have attached a sketch of the posting area (if required) ☐ Yes ☐ No

#### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

*I certify that “No Parking” signs will be posted no later than 24 hours in advance of the requested time as stated above*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

#### FOR OFFICE USE ONLY

Quantity	×	Cost per space	×	No. of days	=	Total fee
<input type="text"/>	×	<input type="text" value="\$13.00"/>	×	<input type="text"/>	=	<input type="text"/>



## REQUIRED SIGNATURE(S) PAGE (SE4)

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Counter Hours: M, W, Th – 7:30 am – 3:30 pm

The Required Signature(s) Page must be submitted with each application.

**Police Department**  
(All applications)

Contact: Sergeant Brian Foster  
E-mail: [bfoster@alamedaca.gov](mailto:bfoster@alamedaca.gov)  
1555 Oak Street  
Alameda, CA 94501  
(510) 337-8339 (Please call first)

I have reviewed the attached application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Alameda Point**  
(Only Alameda Point property)

Contact: RiverRock Real Estate Group  
950 West Mall Square  
Alameda, CA 94501  
(510) 749-0304 (Please call first)

Applicant has/will receive a license to film/photo-shoot at Alameda Point. This approval does not grant actual authority to film/photo-shoot until all approvals are granted by the City of Alameda Permit Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**City Owned Parks**  
(Only City Parks)

Contact: Amy Wooldridge (Monday-Thursday only)  
Recreation and Parks Director  
2226 Santa Clara Avenue  
Alameda, CA 94501  
(510) 747-7529 (Please call first)

Applicant has/will receive permission to film/photo-shoot in a City park. This approval does not grant actual authority to film/photo-shoot until all approvals are granted by the City of Alameda Permit Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# TEMPORARY ENCROACHMENT

(SE5)

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Hours: 7:30 a.m.–3:30 p.m., M–Th

City Of Alameda No. \_\_\_\_\_

Date \_\_\_\_\_

Fees Paid \_\_\_\_\_

Encroachment Permit No. \_\_\_\_\_

1. \_\_\_\_\_  
Name of Organization Address City Zip

\_\_\_\_\_  
Person in charge of event Phone number (day)

2. \_\_\_\_\_  
Name/Title of Chief Officer Phone number (day)

3. List any other organizations which will participate in the proposed activity:  
\_\_\_\_\_  
\_\_\_\_\_

(Attach separate sheet if needed)

4. Proposed date(s) and time(s) of activity:

Date: \_\_\_\_\_  
Day Month

Time: \_\_\_\_\_  
From To

Date: \_\_\_\_\_  
Day Month

Time: \_\_\_\_\_  
From To

5. What is the purpose of the proposed activity? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Please describe the activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



7. Location of activity

Assembly point \_\_\_\_\_

Dispersal point \_\_\_\_\_

**Please trace the exact route on an attached map or provide a drawing.**

8. Estimate the number of participants: \_\_\_\_\_

9. Estimate the number of observers: \_\_\_\_\_

10. Will loudspeakers or sound devices be used? ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

**Note: Applicant may be required to obtain an additional permit for sound devices.**

11. To what extent will the streets and/or sidewalks on the proposed route be occupied? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Number and kinds of vehicles to be used: \_\_\_\_\_

\_\_\_\_\_

13. Number and kinds of animals: \_\_\_\_\_

\_\_\_\_\_

14. Will your proposed activity require that street(s) be barricaded? ☐ Yes ☐ No

If yes, name of street(s) and/or intersections and indicate on attached map: \_\_\_\_\_

\_\_\_\_\_

## GENERAL PERMIT CONDITIONS

Please review the following list of General Permit Conditions and put a check mark beside those which apply to your activity.

- ☐ 1. Applicant(s) agree to abide by all applicable provisions of the City of Alameda's Municipal Code.
- ☐ 2. Applicant(s) understand and agree the proposed activity shall occur on the day and time as specified on the application.
- ☐ 3. Applicant(s) understand and agree the number of participants in the proposed activity shall be restricted to that stated on the application.
- ☐ 4. Applicant(s) understand and agree the proposed activity shall be restricted to the route(s), location(s), and dispersal point(s) as submitted with the application.
- ☐ 5. Applicant(s) understand and agree the proposed activity shall be restricted to non-residential areas.
- ☐ 6. Applicant(s) understand and agree the proposed activity will be restricted to only one-half of the street. Said portion of street must be clearly designated.
- ☐ 7. Applicant(s) understand and agree to comply with restrictions applied to said activity by the State Department of Transportation.
- ☐ 8. Applicant(s) understand and agree that use of said property will be restricted to those purpose(s) stated on the application.
- ☐ 9. Applicant(s) understand and agree that the property to be used will be restricted to the area(s) as indicated on the application map or attached drawing.
- ☐ 10. Applicant(s) understand and agree that the property shall be kept in a clean and orderly manner, free from debris.
- ☐ 11. Applicant(s) understand and agree the movement of emergency vehicles shall have priority at all times.
- ☐ 12. Applicant(s) agrees to obey all traffic laws applied to the proposed activity as determined by the City of Alameda.
- ☐ 13. Applicant(s) understand and agree to provide security and traffic control as needed.
- ☐ 14. Applicant(s) understand and agree that additional traffic control and security will be provided for said activity **by utilizing City of Alameda Police Officers on an overtime basis at the applicant's expense. The number of Police Officers to be determined by the reviewing Police watch Commander.**
- ☐ 15. Applicant(s) understand and agree that equipment and lighting used for the proposed activity will not obstruct vehicular traffic.

\_\_\_\_ 16. Applicant(s) understand and agree that a sound device will be operated only on the main arterials in Alameda and will not go into residential districts.

\_\_\_\_ 17. Applicant(s) understand and agree to comply with all **Special Conditions** as may be required by City departments after review of application for proposed activity.

I declare that I am authorized to submit this application and that to the best of my knowledge and belief, all of the information given herein is true, accurate, and complete. Applicant(s), further acknowledges the General Permit Conditions as they apply to the proposed activity and agrees to fully comply with them.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

Application for Temporary Encroachment of Public Right-of-Way is hereby approved.

**Building Official**

\_\_\_\_\_  
Greg McFann

\_\_\_\_\_  
Date

## SPECIAL EVENT INSURANCE PURCHASE AND REQUIREMENTS

There are two options for obtaining Special Event insurance.

### Option 1: Online Purchase

Go to the CJPRMA website below and scroll to the Special Event Insurance link on the bottom left hand corner of the website page and follow the instructions to obtain a printed Certificate of Insurance and Additional Insured Endorsement. Please have your credit card ready.

Go to [www.cjprma.org](http://www.cjprma.org) and in the bottom left column, click on the Special Event Insurance Secure Online Application button.

**Please note:** Block parties are classified as “parties”. If you know in advance that your block party will involve “BYOB” (beer, wine, or liquor), please call Brigitt Whitescarver directly for quote, at: **(503) 977-5648**.

**Inflatable devices/“bounce houses”:** Please see additional instructions. If you have any problems accessing the website or no response, please call Sara Mullikin at (503) 977-5656 with Gales Creek Insurance Services, or email her at [sara@galescreek.com](mailto:sara@galescreek.com).

### Option 2: Provide Proof of Certificate of Insurance and Additional Insured Endorsement

For all designated coverages, the City of Alameda requires a certificate of insurance signed by the party authorized by the insurance company to bind the company to the coverage shown, as well as an additional insured endorsement to the policy.

Sample Information:

1) **Certificate of Insurance** (*sample attached*)

Designated Insurance Requirements:

- General Liability: \$2,000,000
- Company Rating: A.M. Best “A” or better

Provide the City of Alameda thirty (30) days advance written notice of cancellation, non-renewal or reduction in limits or coverage including the name of the contract or event.

Signed by the party authorized by the insurance company to bind the company to the coverage shown. Other insurance coverages may be required based on the type of contract and scope of services.

2) **Endorsement to the Policy** (*sample attached*)

The endorsement **must** name the “City of Alameda, its council, Officers, Employees, Volunteers, Boards and Commissions” as additional insureds, include the policy number and type of policy coverage. The endorsement must be a separate document. **A statement included on the certificate, that the City is an additional insured, is not sufficient.**

3) Forward the certificate of Insurance and the Endorsement to the Policy to the Department Representative with whom you are conducting business.

Please ask your insurance broker or agent to provide both documents to the City **ten (10) days prior to the event** taking place since several departments must sign off on the entire request package before your participation in the event.



## INFLATABLE DEVICE INSURANCE COVERAGE REQUIREMENTS

When purchasing insurance for a block party that includes an inflatable device, such as a bounce house, please note the following requirements:

- 1) The Inflatable Device Vendor **must** add you, the Event Holder/Applicant, as an Additional Insured(s) to their (Vendor) insurance policy
- 2) You, the Event Holder/Applicant, **must** provide proof of #1 to the City of Alameda, prior to approval of the final permit
- 3) If you, the Event Holder, owns the inflatable device, then no additional charges apply

Follow the directions on Page 1 to obtain insurance for your Special Event.

## SELLING ALCOHOL

If you are 'selling' alcohol at your event, you must purchase a different type of alcohol liability insurance. Brigitt Whitescarver at Gales Creek can help you with this, if you call her at (503) 977-5648.

It is important to know additional factors can be added to your liability, (i.e., inflatable jumpers, climbing walls, etc.) and you will have the options once you create an account and quote.

You are welcome to shop around for insurance and are in no way required to use Gales Creek. However, you are required to have the Liability and Alcohol Sales Permit (liability) in place before your event.

Please visit [eventinsurancenow.com](http://eventinsurancenow.com) and look for the "Login Now" button, on the top right of the page. Register as a person to access the site. Then log in with your new credentials, and create a new quote. After you create this account, you input the details of the event.

The individual or entity hosting the event and/or leasing the facility is the *named insured*. (Not the facility/event location)

- The system will confirm pricing and event details
- Once the quote is offered, it is saved
- You can buy instantly, or come back later and buy

If you choose to bind coverage, it is very important that you input the *insured* and the *additional insured* info correctly. These are separate entities and must be entered in separate areas of the application. Again, **only** the individual or entity leasing the location for the event is *the insured*.

The *additional insured* is sometimes merely the name of the facility, but is usually the specific name/address of the facility owner that is requiring the insurance.

It is also important when completing the Credit Card Authorization screen, that the info here **matches** the billing name and address for the credit card you are using.

Once the Credit Card Authorization is complete, the system will prompt you to print your certificates of insurance and your receipt.

For more information, please contact:

**Sara Mullikin, CISR | CSA**

Gales Creek Insurance Services

5727 SW MacAdam Ave | PO BOX 69508

Portland, OR 97239

[Sara@galescreek.com](mailto:Sara@galescreek.com) | P (503) 977-5656, F (503) 977-5856, or toll free (800) 755-1575

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)												
PRODUCER	FAX	<p><b>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 BELOW.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURERS AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A:</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> </table>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURED														

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
<b>A</b>		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000								
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below <b>OTHER</b>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">WC STATU-TORY LIMITS</td> <td style="width: 40%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b>  2263 SANTA CLARA AVENUE, ALAMEDA, CA 94501	<b>CANCELLATION</b> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>
---	---

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

1. Designation of Premises (Part Leased to You): Albert H. DeWitt OClub
2. Name of Person or Organization (Additional Insured): US DEPARTMENT OF THE NAVY, ALAMEDA REUSE/REDEVELOPMENT AUTHORITY, ALAMEDA MUNICIPAL POWER, CITY OF ALAMEDA, and its members, officers, directors, agents, volunteers, employees and officials.
3. Additional Premium: NONE

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.