CERTIFICATE OF LIABILITY INSURANCE

KERNC-4 OP ID: PR

09/14/2015

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)

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PRODUCER		CONTACT NAME:	
		PHONE (A/C, No, E)	
		E-MAIL ADDRESS:	
_		INSURER A	
INSURED		INSURER B:	
		INSURER C:	
		INSURER D:	
-		INSURER E :	
		INSURER F:	
COVERAGE	S CERTIFICATE NUMBER:	REVISION NUMBER:	
TILLO IO TO	CERTIES THAT THE POLICIES OF INCURANCE LISTER RELOW, HA	VE DEEN ISSUED TO THE INCUDED NAMED ADOLE FOR THE DOL	IOV DEDICE

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.

		ISIONS AND CONDITIONS OF SUCH								
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		201538799	02/01/2015	02/01/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
Α	Х	Liquor Liability		1	201538799	02/01/2015	02/01/2016	MED EXP (Any one person)	\$	20,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:						Liq Liab	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY ALTO			201538799	02/01/2015	02/01/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		Productive Control Communication Control Contr							\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAMS-MADE						AGGREGATE	\$	
		DED RETENTION\$							\$	
		EKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TITIE	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	idatory in NH)	INTA					E.L. DISEASE - EA EMPLOYEE	\$	
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
								_		
DEC	CDIDT	ION OF OPERATIONS ALOCATIONS AVELIC	EC /A	CODE	. 404	a attached if way		n		

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

Event: Celtic Festival held OCt 3 & 4, 2015

See Attached.

CERTIFICATE HOLDER	CANCELLATION

CALSBAK

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

California State University Bakersfield 9001 Stockdale Hwy Bakersfield, CA 93311-1022

AUTHORIZED REPRESENTATIVE

Mane Kerber

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NOTEPAD: HOLDER CODE INSURED'S NAME KERNC-4 PAGE 2 OP ID: PR Date 09/14/2015

The State of California, the Trustees of the California State University, California State University, Bakersfield (Foundation, Student Union, Student Recreation Center & Auxiliary for Sponsored Programs, as applicable) & their officers, employees, representatives & volunteers are listed as additional insured's with respect to the rental of the facility, including work or operations performed by or on behalf of the renter & materials, parts, or equipment furnished in connection with such work or operations. This insurance is primary and non contributory over any existing insurance, per attached form CG 20 10 07 04, NIAC E61 02 13.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations			
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or pecoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organzation.	All insured premises and operations			

- 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", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. **B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

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

- 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 location 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.

The State of California, the Trustees of the California State University, California State University, Bakersfield (Foundation, Student Union, Student Recreation Center & Auxiliary for Sponsored Programs, as applicable) & their officers, employees, representatives & volunteers