



The OC Marathon Running Festival Insurance Requirements Due 4/12/19

1. Exhibitor/Vendor shall maintain insurance coverage for General Liability exposures with minimum limits of Liability of 1,000,000 per occurrence, \$2,000,000 General Aggregate and \$2,000,000 Completed Operations. Exhibitor/Vendor will provide a certificate of Insurance as evidence of this coverage and include OC Marathon, et al as an additional insured, providing an additional insured endorsement acceptable to OC Marathon, et al, which includes coverage for products. The coverage provided to OC Marathon, et al as additional insured will be primary and other insurance maintained by (OC Marathon, et al) will be non-contributory and will include both ongoing and completed operations. Exhibitor/Vendor shall also provide a Waiver of Subrogation, also by endorsement.

Et al is defined as: KB Event Management, LLC, OC Marathon LLC, OC Marathon Foundation, Book That Event, LLC , OC Fair & Event Center, State of California, City of Costa Mesa are included as Additional Insured and/or Loss Payee as their interest may appear but only as respect to operations of the Named Insured and as required by contract.

2. Exhibitor/Vendor shall maintain coverage for Auto Liability also with minimum limits of liability of \$1,000,000 per occurrence and include coverage for owned, non-owned and hired vehicles. Evidence of this insurance coverage will be provided by a certificate of insurance issued by the carrier or carrier's representative. OC Marathon, et al will be named as additional insured and an endorsement should be provided with the certificate of insurance.

3. Exhibitor/Vendor shall maintain coverage for Workers Compensation as required by law and for employer's liability with limits of liability of \$1,000,000. Evidence of this coverage will be provided by Certificate of Insurance and a Waiver of Subrogation to the benefit of OC Marathon, et al will be provided. If Exhibitor does not have employees, please sign the Declaration of Non Employer Form.

4. Exhibitor/Vendor will also provide follow form umbrella or excess coverage with minimum limits of liability of \$5,000,000.

Name of certificate holder

OC Marathon LLC
3100 Airway Avenue, #104
Costa Mesa, CA 92626
949-222-0456

Description of Services - KB Event Management, LLC, OC Marathon LLC, OC Marathon Foundation, Book That Event, LLC , OC Fair & Event Center, State of California, City of Costa Mesa are included as Additional Insured and/or Loss Payee as their interest may appear but only as respect to operations of the Named Insured and as required by contract.

Location - OC Fair & Event Center 88 Fair Drive Costa Mesa, CA 92626

Dates - May 3-8, 2019

Purchase
Event-Day
Insurance Here



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/15/2017

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 NAME:	
	PHONE (A/C, No, Ext)	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A	
	INSURER B	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER** - **Renewal** **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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1234567	xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1234567	xx/xx/xxxx	xx/xx/xxxx	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	1234567	xx/xx/xxxx	xx/xx/xxxx	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Excess/Umbrella Liability		<input checked="" type="checkbox"/>	1234567	xx/xx/xxxx	xx/xx/xxxx	Aggregate/All Claims 5,000,000 Each Claim 5,000,000

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

KB Event Management, LLC, OC Marathon LLC, OC Marathon Foundation, Book That Event, LLC , OC Fair & Event Center, State of California, City of Costa Mesa are included as Additional Insured and/or Loss Payee as their interest may appear but only as respect to operations of the Named Insured and as required by contract.
Location - OC Fair & Event Center 88 Fair Drive Costa Mesa, CA 92626 on May 3-8, 2019

Endorsements must be attached.

CERTIFICATE HOLDER	CANCELLATION
The OC Marathon 3100 Airway Avenue #104 Costa Mesa, CA 92626	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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DECLARATION OF NON-EMPLOYER STATUS

In order to comply with the OC Marathon LLC insurance requirements, you are required to provide proof of Workers' Compensation Insurance. If you have no employees, this form must be signed and returned to:

OC Marathon LLC
Fax 714-829-1475
Email – expo@ocmarathon.com

I certify that in the performance of the activity or work for which this permit is issued, I shall not employ any person in any manner so as to become subject to California Workers' Compensation Insurance requirements.

I authorize the OC Marathon to immediately revoke the ability to exhibit at the OC Marathon under this declaration if I hire any employee(s) or become subject to the provision of the laws requiring Workers' Compensation Insurance.

Applicant/Company Name: _____

Address: _____

Applicant's Signature: _____

Title: _____

Location Signed: _____

Telephone Number: _____