



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 1

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	
X	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X				EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				<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

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

**CERTIFICATE HOLDER**

Blenheim Equisports Management Company LLC  
 Ace Equestrian LLC  
 Cotton Family Trust  
 Blenheim Facility Management LLC  
 City of San Juan  
 Capistrano 22nd District Agricultural Association/  
 Del Mar Horse Park  
 State of California  
 PO Box 639  
 San Juan Capistrano Ca 92693

**CANCELLATION**

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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## COMMENTS/REMARKS

BLENHEIM EQUISPORTS MANAGEMENT COMPANY, LLC, its officers, managers, employees, owners, representatives and agents, ACE EQUESTRIAN, LLC, its officers, managers, employees, owners, representatives and agents, COTTON FAMILY TRUST, its officers, managers, employees, owners, representatives and agents, BLENHEIM FACILITY MANAGEMENT, LLC, its officers, managers, employees, owners, representatives and agents, the CITY OF SAN JUAN CAPISTRANO, its officers, directors, employees, representatives and agents, and all subsidiary, affiliated or associated company, corporations, entities or organizations, and the 22nd DISTRICT AGRICULTURAL ASSOCIATION / DEL MAR HORSE PARK AND THE STATE OF CALIFORNIA its officers, directors, employees, representatives and agents, and all subsidiary, affiliated or associated company, corporations, entities or organizations, as may now or hereafter be constituted, that own, are related to or manage the property owned by such entities, are named as additional insureds and that such insurance afforded the additional insureds is primary and non-contributing with any other insurance that additional insureds may carry

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

## **ADDITIONAL INSURED - DESIGNATED 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):**

BLENHEIM EQUISPORTS MANAGEMENT COMPANY, LLC, its officers, managers, employees, owners, representatives and agents, ACE EQUESTRIAN, LLC, its officers, managers, employees, owners, representatives and agents, COTTON FAMILY TRUST, its officers, managers, employees, owners, representatives and agents, BLENHEIM FACILITY MANAGEMENT, LLC, its officers, managers, employees, owners, representatives and agents, the CITY OF SAN JUAN CAPISTRANO, its officers, directors, employees, representatives and agents, and all subsidiary, affiliated or associated company, corporations, entities or organizations, and the 22nd DISTRICT AGRICULTURAL ASSOCIATION / DEL MAR HORSE PARK AND THE STATE OF CALIFORNIA its officers, directors, employees, representatives and agents, and all subsidiary, affiliated or associated company, corporations, entities or organizations, as may now or hereafter be constituted, that own, are related to or manage the property owned by such entities, are named as additional insureds and that such insurance afforded the additional insureds is primary and non-contributing with any other insurance that additional insureds may carry

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**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 your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## SCHEDULE

**Name Of Person Or Organization:**

BLNHEIM EQUISPORTS MANAGEMENT COMPANY, LLC, ACE EQUESTRIAN, LLC, COTTON FAMILY TRUST, BLNHEIM FACIILITY MANAGEMENT, LLC, CITY OF SAN JUAN CAPISTRANO, 22nd DISTRICT AGRICULTURAL ASSOCIATION / DEL MAR HORSE PARK AND THE STATE OF CALIFORNIA

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



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

**PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

BLENHEIM EQUISPORTS MANAGEMENT COMPANY, LLC, its officers, managers, employees, owners, representatives and agents, ACE EQUESTRIAN, LLC, its officers, managers, employees, owners, representatives and agents, COTTON FAMILY TRUST, its officers, managers, employees, owners, representatives and agents, BLENHEIM FACILITY MANAGEMENT, LLC, its officers, managers, employees, owners, representatives and agents, the CITY OF SAN JUAN CAPISTRANO, its officers, directors, employees, representatives and agents, and all subsidiary, affiliated or associated company, corporations, entities or organizations, and the 22nd DISTRICT AGRICULTURAL ASSOCIATION / DEL MAR HORSE PARK AND THE STATE OF CALIFORNIA its officers, directors, employees, representatives and agents, and all subsidiary, affiliated or associated company, corporations, entities or organizations, as may now or hereafter be constituted, that own, are related to or manage the property owned by such entities, are named as additional insureds and that such insurance afforded the additional insureds is primary and non-contributing with any other insurance that additional insureds may carry