

Minimum Insurance Requirements

1. All liability insurance policies shall name as additional insureds by written endorsement the "**CITY AND COUNTY OF SAN FRANCISCO AND THE SAN FRANCISCO PORT COMMISSION AND THEIR OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS**" and coverage shall be primary and non-contributory.
2. Commercial General Liability
 - a. Coverage of One Million Dollars (\$1,000,000) each occurrence; Two Million Dollars (\$2,000,000) general aggregate
 - b. Additional Insured Endorsement
 - i. Form CG 20 2 04 13 or equivalent
 - ii. Policy # must be included on the form.
 - c. Waiver of Transfer of Rights of Recovery Against Others to Us
 - i. Form CG 24 04 10 93 or equivalent
 - ii. Policy # must be included on the form.
 - d. Primary non-Contributory Endorsement
 - i. Form CG 20 2 04 13 or equivalent
 - ii. Policy # must be included on the form.
3. Auto Liability
 - a. Coverage of One Million Dollars (\$1,000,000)
 - b. Additional Insured Endorsement
 - i. Form CA 20 48 10 13 or equivalent
 - ii. Policy # must be included on the form.
 - c. Waiver of Transfer of Rights of Recovery Against Others to Us
 - i. Form CA 0-4 44 10 13 or equivalent
 - ii. Policy # must be included on the form.
4. Workers Compensation
 - a. Coverage of One Million Dollars (\$1,000,000)
 - b. Waiver of Transfer of Rights of Recovery Against Others to Us
 - i. Form WC 00 03 13 04 84 or equivalent
 - ii. Policy # must be included on the form.
5. Coverage for Host Liquor Liability
 - a. Coverage of One Million Dollars (\$1,000,000) each occurrence; Two Million Dollars (\$2,000,000) general aggregate.
 - b. If provided under Commercial General Liability, coverage must be indicated on the Certificate.
6. Coverage for the Extended Outdoor Seating Area
 - a. Coverage of One Million Dollars (\$1,000,000) each occurrence; Two Million Dollars (\$2,000,000) general aggregate.
 - b. If provided under Commercial General Liability, this coverage must be indicated on the Certificate.

NOTE: The COI alone is insufficient. Endorsements for Additional Insureds, Primary and non-Contributory and Waiver of Subrogation are required.

Send the Certificate of Insurance to:

City and County of San Francisco and the San Francisco Port Commission and their Officers, Directors, Employees and Agents

Attn: Qiao Yi Lin

Pier 1

San Francisco, CA 94111

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