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
Qiao.lin@sfport.com