



City of National City ■ Neighborhood Services Department  
1243 National City Boulevard ■ National City, CA 91950  
(619) 336-4364 ■ fax (619) 336-4217  
www.nationalcityca.gov

## Special Event Application

### Type of Event

- Fair/Festival   
  Parade/March   
  Walk or Run   
  Concert/Performance  
 TUP   
  Sporting Event   
 Other (specify) End of Summer Car Show

### Event Name & Location

Event Title 7th Annual End of Summer Car Show and Cruise  
 Event Location (list all sites being requested) Kimball Park National City

### Event Times

Set-Up Starts  
 Date September 5, 2026 Time 5 am Day of Week Saturday

Event Starts  
 Date September 5, 2026 Time 10 am Day of Week Saturday

Event Ends  
 Date September 5, 2026 Time 5 pm Day of Week Saturday

Breakdown Ends  
 Date September 5, 2026 Time 5 pm Day of Week Saturday

### Applicant Information

Applicant (Your name) Miguel Alatorre/ Sponsoring Organization Plaques for warriors  
 Event Coordinator (if different from applicant) Robert Casas and Rob Rice  
 Mailing Address [Redacted] National City Ca 91950  
 Day Phone [Redacted] After Hours Phone [Redacted] Cell [Redacted] Fax [Redacted]  
 Public Information Phone [Redacted] E-mail [Redacted]

Applicant agrees to investigate, defend, indemnify and hold harmless the City, its officers, employees and agents from and against any and all loss, damage, liability, claims, demands, detriments, costs, charges, expense (including attorney's fees) and causes of action of any character which the City, its officers, employees and agents may incur, sustain or be subjected to on account of loss or damage to property or the loss of use thereof and for bodily injury to or death of any persons (including but not limited to the employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected to the occupancy, enjoyment and use of any City premises under this agreement to the extent permitted by law.

Applicant understands this TUP/special event may implicate fees for City services, which will have to be paid in the City's Finance Department 48 hours prior to the event set-up. The undersigned also understands and accepts the City's refund policy for application processing and facility use and that fees and charges are adjusted annually and are subject to change.

Signature of Applicant [Redacted] Date 03/09/2026

EIN# 37-5296089

## Special Event Application (continued)

Please complete the following sections with as much detail as possible since fees and requirements are based on the information you provide us.

### Fees/Proceeds/Reporting

Is your organization a "Tax Exempt, nonprofit" organization? Yes  No

Are admission, entry, vendor or participant fees required? Yes  No

If YES, please explain the purpose and provide amount (s):

Registration is charged for cars \$40, bikes and motor cycles \$35. Event is free to the public

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Vendor fees range from \$150-\$450

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\$            Estimated Gross Receipts including ticket, product and sponsorship sales from this event.

\$ 14,000 Estimated Expenses for this event.

\$ 1000 What is the projected amount of revenue that the Nonprofit Organization will receive as a result of this event?

### Description of Event

First time event     Returning Event     include site map with application

Note that this description may be published in our City Public Special Events Calendar:

End of Summer Car Show celebrates its 7th year . This show grows every year and we anticipate

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a few more for this free community grass roots event. The show is open to all makes and models,

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Cars, bikes and motorcycles. Every year we give back to grass roots business.

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This year we are also giving back to plaques for warriors. Past donations include the following

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OTNC Foundation, Shop with a cop, NCPOA, APEX Boxing, Plaques for Warriors, Kiwanis club

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### Estimated Attendance

Anticipated # of Participants: 400-600      Anticipated # of Spectators: 1500-2000

**Traffic Control, Security, First Aid and Accessibility**

Requesting to close street(s) to vehicular traffic? Yes  No

List any streets requiring closure as a result of the event (provide map): \_\_\_\_\_  
\_\_\_\_\_

Date and time of street closure: \_\_\_\_\_ Date and time of street reopening: \_\_\_\_\_

Other (explain) \_\_\_\_\_

Requesting to post "no parking" notices? Yes  No

Requested "No Parking" on city streets and/or parking lots (list streets/parking lots) (provide map):  
In culdesac by the boys club and parking lot under the community center  
\_\_\_\_\_

Other (explain) \_\_\_\_\_

**Security and Crowd Control**

Depending on the number of participants, your event may require Police services.

Please describe your procedures for both Crowd Control and Internal Security: National City Police  
Or sanctioned security company  
\_\_\_\_\_  
\_\_\_\_\_

Have you hired Professional Security to handle security arrangements for this event?

Yes  No  If YES, name and address of Security Organization \_\_\_\_\_  
\_\_\_\_\_

Security Director (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

If using the services of a professional security firm and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission. .

Is this a night event? Yes  No  If YES, please state how the event and surrounding area will be illuminated to ensure safety of the participants and spectators: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**First Aid**

Depending on the number of participants, your event may require specific First Aid services. First aid station to be staffed by event staff? Yes  No  First aid/CPR certified? Yes  No

First aid station to be staffed by professional company. ▶ Company AMR

If using the services of a professional medical organization/company and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission.

**Accessibility**

Please describe your Accessibility Plan for access at your event by individuals with disabilities:

Kimball has access from the D side of the park to the civic center side of the park. Walk ways give access to wheel chairs and there is restrooms in the park for wheelchairs.

**Elements of your Event**

Setting up a stage? Yes  No

Requesting City's PA system

Requesting City Stage; if yes, which size?  Dimensions (13x28)  Dimensions (20x28)

Applicant providing own stage ▶ \_\_\_\_\_(Dimensions)

**Setting up canopies or tents?**

20 # of canopies size 10x10

15 # of tents size 10x20

No canopies/tents being set up

**Setting up tables and chairs?**

Furnished by Applicant or Contractor

20 \_\_\_\_\_ # of tables       No tables being set up

40 \_\_\_\_\_ # of chairs       No chairs being set up

(For City Use Only) Sponsored Events – Does not apply to co-sponsored events

\_\_\_\_\_ # of tables       No tables being set up

\_\_\_\_\_ # of chairs       No chairs being set up

Contractor Name \_\_\_\_\_

Contractor Contact Information \_\_\_\_\_  
Address City/State Phone Number

**Setting up other equipment?**

Sporting Equipment (explain) \_\_\_\_\_

Other (explain) \_\_\_\_\_

Not setting up any equipment listed above at event

Having amplified sound and/or music? Yes  No

PA System for announcements       CD player or DJ music

Live Music    ▶  Small 4-5 piece live band    ▶  Large 6+ piece live band

Other (explain) \_\_\_\_\_

If using live music or a DJ. ▶ Contractor Name \_\_\_\_\_

▶ \_\_\_\_\_  
Address City/State Phone Number

Using lighting equipment at your event? Yes  No

Bringing in own lighting equipment

Using professional lighting company ▶ Company Name \_\_\_\_\_

\_\_\_\_\_  
Address City/State Phone Number

Using electrical power? Yes  No

Using Kimball Park Bowl Lighting (from \_\_\_\_\_ to \_\_\_\_\_)

Using on-site electricity  For sound and/or lighting

For food and/or refrigeration

Bringing in generator(s)  For sound and/or lighting

For food and/or refrigeration

**Vendor Information**

**PLEASE NOTE: You may be required to apply for a temporary health permit if food or beverages are sold or given away during your special event. Also see 'Permits and Compliance' on page 8 in the Special Event Guide. For additional information on obtaining a temporary health permit, please contact the County of San Diego Environmental Health at (619) 338-2363.**

Having food and non-alcoholic beverages at your event? Yes  No

Vendors preparing food on-site ▶ # <sup>10</sup> \_\_\_\_\_ ▶ Business License # \_\_\_\_\_ Will Provide Vendor

If yes, please describe how food will be served and/or prepared: Propane grill or food trucks

If you intend to cook food in the event area please specify the method:

GAS  ELECTRIC  CHARCOAL  OTHER (Specify): \_\_\_\_\_

Vendors bringing pre-packaged food ▶ # \_\_\_\_\_ ▶ Business License # \_\_\_\_\_

Vendors bringing bottled, non-alcoholic beverages (i.e., bottled water, can soda, etc.) ▶ # <sup>6</sup> \_\_\_\_\_

Vendors selling food # <sup>10</sup> \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

Vendors selling merchandise # <sup>20</sup> \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

Food/beverages to be handled by organization; no outside vendors

Vendors selling services # \_\_\_\_\_ ▶ Business License #(s) \_\_\_\_\_

▶ Explain services \_\_\_\_\_

Vendors passing out information only (no business license needed) # \_\_\_\_\_

▶ Explain type(s) of information \_\_\_\_\_

No selling or informational vendors at event

Having children activities? Yes  No

**PLEASE NOTE:** In the event inflatable jumps are provided at the event, The City of National City requires commercial liability insurance with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. The application should be filed out at least one week prior to the event. For questions or to obtain a copy of the "Facility Use Application", please contact the Engineering/Public Works Department at (619) 336-4580.

Inflatable bouncer house # \_\_\_\_\_  Rock climbing wall Height \_\_\_\_\_

Inflatable bouncer slide # \_\_\_\_\_  Arts & crafts (i.e., craft making, face painting, etc.)

Carnival Rides \_\_\_\_\_  Other \_\_\_\_\_

Having fireworks or aerial display? Yes  No

Vendor name and license # \_\_\_\_\_

Dimensions \_\_\_\_\_ Duration \_\_\_\_\_

Number of shells \_\_\_\_\_ Max. size \_\_\_\_\_

**PLEASE NOTE:** In the event fireworks or another aerial display is planned for your event, The City of National City requires commercial liability insurance with limits of at least \$2 Million dollars per occurrence/ \$4 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. Depending on the size and/or nature of the fireworks display, the City reserves the right to request higher liability limits. The vendor must also obtain a fireworks permit from the National City Fire Department and the cost is \$602.00

Arranging for media coverage? Yes  No

Yes, but media will not require special set-up

Yes, media will require special set-up. Describe \_\_\_\_\_

**Event Signage**

PLEASE NOTE: For City sponsored or co-sponsored events, banners publicizing the event may be placed on the existing poles on the 1800 block and 3100 block of National City Boulevard. The banners must be made to the City's specifications. Please refer to the City's Special Event Guidebook and Fee Schedule for additional information.

Are you planning to have signage at your event? Yes  No

Yes, we will post signage # \_\_\_\_\_ Dimensions \_\_\_\_\_

Yes, having inflatable signage # \_\_\_\_\_ ▶ (complete Inflatable Signage Request form)

Yes, we will have banners # \_\_\_\_\_

What will signs/banners say? \_\_\_\_\_

How will signs/banners be anchored or mounted? \_\_\_\_\_

Location of banners/signage \_\_\_\_\_

**Waste Management**

PLEASE NOTE: One toilet for every 250 people is required, unless the applicant can show that there are sufficient facilities in the immediate area available to the public during the event.

Are you planning to provide portable restrooms at the event? Yes  No

If yes, please identify the following:

▶ Total number of portable toilets: 5 \_\_\_\_\_

▶ Total number of ADA accessible portable toilets: 1 \_\_\_\_\_

Contracting with portable toilet vendor. ▶ Saiffros \_\_\_\_\_

▶ Load-in Day & Time September 5, 5 am      Company      Phone  
▶ Load-out Day & Time September 5, 5 pm

Portable toilets to be serviced. ▶ Time \_\_\_\_\_

**Set-up, Breakdown, Clean-up**

Setting up the day before the event?

Yes, will set up the day before the event. ▶ # of set-up day(s) \_\_\_\_\_

No, set-up will occur on the event day

Requesting vehicle access onto the turf?

Yes, requesting access onto turf for set-up and breakdown (complete attached Vehicle Access Request form)

No, vehicles will load/unload from nearby street or parking lot.

**NPDES-Litter Fence**

City to install litter fence

Applicant to install litter fence

N/A

**Breaking down set-up the day after the event?**

Yes, breakdown will be the day after the event. ▶ # of breakdown day(s) \_\_\_\_\_

No, breakdown will occur on the event day.

**How are you handling clean-up?**

Using City crews

Using volunteer clean-up crew during and after event.

Using professional cleaning company during and after event.

**Miscellaneous**

Please list anything important about your event not already asked on this application:

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**Please make a copy of this application for your records.  
We do not provide copies.**



# Special Events

## Pre-Event Storm Water Compliance Checklist

### I. Special Event Information

Name of Special Event: <u>End of Summer Car Show</u>	
Event Address: <u>Kimball Park</u>	Expected # of Attendees: <u>1500</u>
Event Host/Coordinator: <u>Robert Casas/ Rob Rice</u>	Phone Number: <u>619-919-1235</u>

### II. Storm Water Best Management Practices (BMPs) Review

	YES	NO	N/A
Will enough trash cans provided for the event? Provide number of trash bins: <u>35</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will enough recycling bins provided for the event? Provide number of recycle bins: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will all portable toilets have secondary containment trays? (exceptions for ADA compliant portable toilets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do all storm drains have screens to temporarily protect trash and debris from entering?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are spill cleanup kits readily available at designated spots?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* A Post-Event Storm Water Compliance Checklist will be completed by City Staff.

# City of National City

## PUBLIC PROPERTY USE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Persons requesting use of City property, facilities or personnel are required to provide a minimum of \$1,000,000 combined single limit insurance for bodily injury and property damage which includes the City, its officials, agents and employees named as additional insured and to sign the Hold Harmless Agreement. Certificate of insurance must be attached to this permit. The insurance company issuing the insurance policy must have a A.M. Best's Guide Rating of A:VII and that the insurance company is a California admitted company; if not, then the insurance policy to the issuance of the permit for the event. The Certificate Holder must reflect:

City of National City  
Risk Management Department  
1243 National City Boulevard  
National City, CA 91950

Organization: Plaques for Warriors

Person in Charge of Activity: Robert Casas / Rob Rice

Address: [REDACTED] National City Ca 91950

Telephone: 619-395-7129 Date(s) of Use: September 5, 2026

## HOLD HARMLESS AGREEMENT

As a condition of the issuance of a temporary use permit to conduct its activities on public or private property, the undersigned hereby agree(s) to defend, indemnify and hold harmless the City of National City and the Parking Authority and its officers, employees and agents from and against any and all claims, demands, costs, losses, liability or, for any personal injury, death or property damage, or both, or any litigation and other liability, including attorney's fees and the costs of litigation, arising out of or related to the use of public property or the activity taken under the permit by the permittee or its agents, employees or contractors.

Signature of Applicant: [REDACTED]

Official Title: PRESIDENT Date: 3/9/2026

EIN # 39-3246084

*For Office Use Only*

Certificate of Insurance Approved \_\_\_\_\_ Date \_\_\_\_\_

# City of National City BUSINESS TAX CERTIFICATE



## 2026

**TO BE POSTED IN A CONSPICUOUS PLACE  
AND  
NOT TRANSFERABLE OR ASSIGNABLE**

"For Services Provided in National City, California Only"

**Business Name** SD COUNTY LOWRIDER ASSOCIATION  
**Business Location** 592 BALLANTYNE ST  
EL CAJON, CA 92020-3712  
**Business Owner(s)** ROBERT CASAS

**Business Type** Special Event  
**Account Number** 09023694  
**Effective Date** January 01, 2026  
**Expiration Date** December 31, 2026

SD COUNTY LOWRIDER ASSOCIATION  
592 BALLANTYNE ST  
EL CAJON, CA 92020-3712

  
\_\_\_\_\_  
City Manager

**NOTE: IT IS YOUR OBLIGATION TO RENEW THIS  
CERTIFICATE WHETHER OR NOT YOU RECEIVE A  
RENEWAL NOTICE**

**THIS BUSINESS TAX CERTIFICATE DOES NOT PERMIT A BUSINESS  
THAT IS OTHERWISE PROHIBITED.**

For all inquiries regarding this certificate, contact HdL  
Business Tax Support Center at (619) 382-2596.

SD COUNTY LOWRIDER ASSOCIATION

Thank you for your payment on your National City Business Tax Certificate. **ALL CERTIFICATES MUST BE AVAILABLE FOR INSPECTION UPON REQUEST.** If you have questions concerning your business license, contact the Business Support Center via email at: [NationalCity@HdLgov.com](mailto:NationalCity@HdLgov.com) or by telephone at: (619) 382-2596

Keep this portion for your license separate in case you need a replacement for any lost, stolen, or destroyed license. A fee may be charged for a replacement or duplicate certificate.

This certificate does not entitle the holder to conduct business before complying with all requirements of the National City Municipal code and other applicable laws, nor to conduct business in a zone where conducting such business violates law.

If you have a fixed place of business within the National City, please display the Business Tax Certificate below in a conspicuous place at the premises. Otherwise, every Business Tax Certificate holder not having a fixed place of business in the City shall keep the Business Tax Certificate upon his or her person, or affixed in plain view any cart, vehicle, van or other movable structure or device at all times if required by the Collector.

Starting January 1, 2021, Assembly Bill 1607 requires the prevention of gender-based discrimination of business establishments. A full notice is available in English or other languages by going to: <https://www.dca.ca.gov/publications/>



BUSINESS TAX SUPPORT CENTER  
8839 N CEDAR AVE #212  
FRESNO, CA 93720-1832

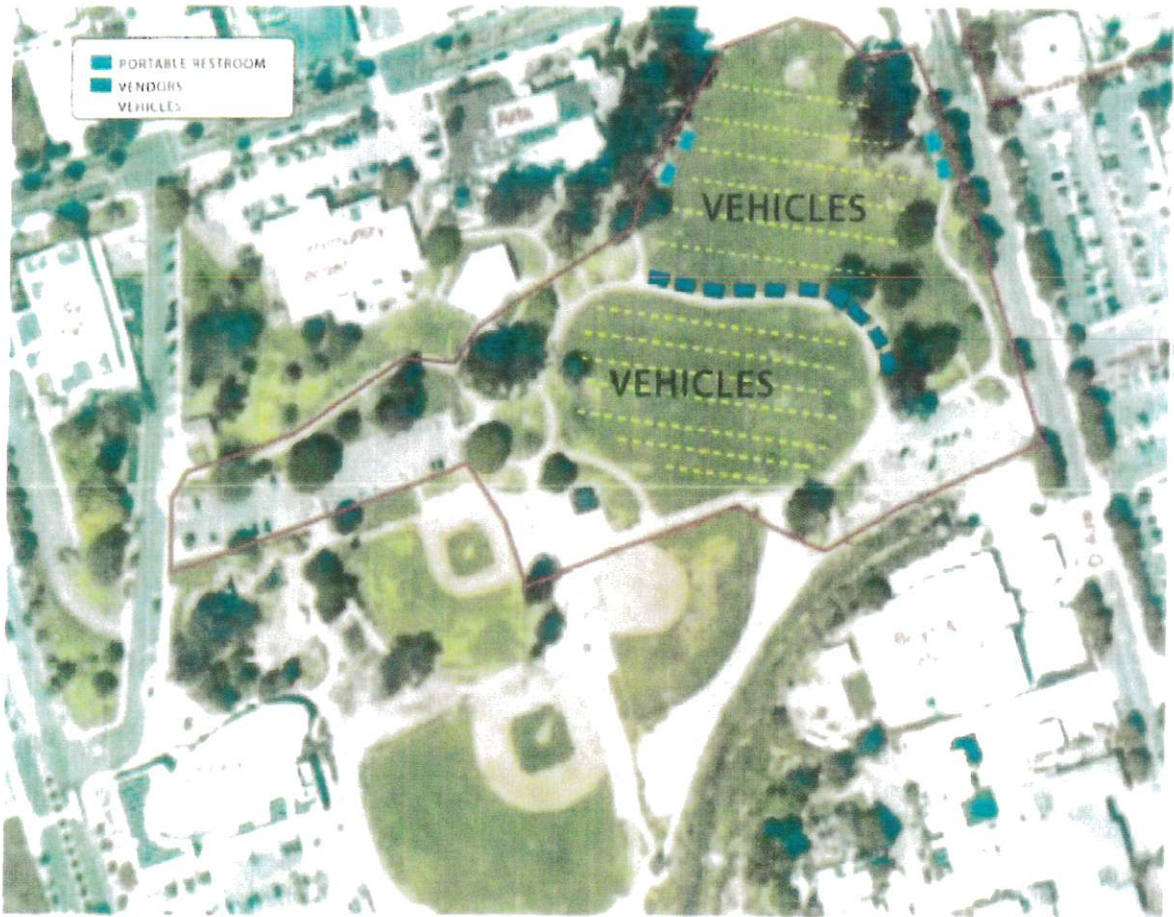


## City of National City BUSINESS TAX CERTIFICATE

SD COUNTY LOWRIDER ASSOCIATION  
592 BALLANTYNE ST  
EL CAJON, CA 92020-3712

**Account Number:** 09023694

**Date of Issue:** 01/01/2026



"No parking" posted



“No parking” posted





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/26/2026

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(les) must have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> DOXA Programs, LLC DBA R.V. Nuccio & Associates Insurance Brokers 10148 Riverside Drive Toluca Lake, CA 91602	<b>CONTACT NAME:</b> Joseph Guerrero <b>PHONE (A/C, No, Ext):</b> (800) 364-2433 <b>E-MAIL ADDRESS:</b> support@rvnuccio.com		<b>FAX (A/C, No):</b> (818) 980-1595													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td>INSURER B: Axis Insurance Company</td> <td>37273</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fireman's Fund Insurance Company	21873	INSURER B: Axis Insurance Company	37273	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Rob Rice 1618 Casa Place National City, CA 91950																

**COVERAGES****CERTIFICATE NUMBER:****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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		UST022072250 NAEP134271	9/5/2026	9/6/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 50,000 MEDICAL EXPENSE \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT \$ 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 \$ 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		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Additional Insured: The City of National City, It's officials, agents, employees and volunteers.

**CERTIFICATE HOLDER****CANCELLATION**

City of National City C/O Manager  1243 National City Blvd National City, CA 91950	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 Joseph Guerrero
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Certificate Number: NAEP134271  
Effective Dates: 9/5/2026 12:01am to 9/6/2026 12:01am

Policy Number: UST022072250

**Additional Insured - Person, Organization or other Entity**  
**600002STEP 09 12**

Policy Amendment(s) Commercial General Liability

**This endorsement modifies insurance provided under the following:**

**Commercial General Liability Coverage Part**

**Schedule**

**Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)**  
City of National City C/O Manager

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

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.  
One of the Fireman's Fund Insurance Companies as named in the policy

  
\_\_\_\_\_  
Secretary

  
\_\_\_\_\_  
President