

**APPLICATION AND PERMIT TO CONDUCT SCIENTIFIC
RESEARCH AND COLLECTIONS
Optional Insurance Addendum**

THIS BOX FOR DPR USE ONLY	
APPLICATION NUMBER	DATE RECEIVED

APPLICANT ORGANIZATION NAME	PRINCIPAL INVESTIGATOR	PROJECT TITLE
-----------------------------	------------------------	---------------

At the sole discretion of the responsible reviewer, the Department may require Applicant Organization to submit adequate proof of insurance. Insurance will be required when permitted activities involve unusual or hazardous situations.
Note: State and Federal Agencies are self-insured.

If Insurance is required: Activities under this permit shall not commence until proof of the required insurance is submitted to the Department.

Insurance Requirement

This Permit shall not be approved until the Applicant Organization provides the required proof of insurance. Except as otherwise provided, before beginning permit activities, the Applicant Organization shall submit to the District Superintendent or his/her designee an Insurance Accord or Certificate, along with copies of any endorsements, from the Applicant Organization's insurance carrier showing that the Applicant Organization has the required insurance coverage for the permit activity. All insurance companies must carry a rating acceptable to the DGS Office of Risk and Insurance Management. The insurance shall meet the following standard requirements:

All insurance policies shall be underwritten to the satisfaction of the State and shall contain the following special endorsements: (1) The State of California, California Department of Parks and Recreation, its officers, employees, and servants are included as additional insureds but only insofar as operations under this permit are concerned. A copy of the additional insured endorsement for each insurance policy shall be provided to the State. (2) The insurer will not cancel or reduce the insured's coverage during the period that this Permit is in effect without 30 days prior written notice to the State. This cancellation provision shall not be construed to relieve the Applicant of the obligation to maintain all of the required insurance during the entire term of the Permit. (3) Applicant Organization shall be responsible for any deductible or self-insured retention contained within their insurance program.

General Liability: Applicant Organization shall provide to the State a certificate of insurance with the required endorsements as proof of liability insurance coverage. The policy shall cover the period of this Permit and shall be for no less than a Combined Single Limit of \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury and property damage liability. The policy shall include coverage for liabilities arising out of the Permit activities. The policy must include the State of California, California Department of Parks and Recreation, their officers, employees and agents as additional insureds, at no cost to the State.

Workers' Compensation: Applicant Organization shall maintain statutory workers' compensation and employer's liability coverage for all its employees who will be engaged in the performance of the Permit, including special coverage extensions where applicable. Employer's liability limits of \$1,000,000 shall be required, and the policy shall include a waiver of subrogation in favor of the State of California. The waiver of subrogation endorsement must be provided with the certificate of insurance.

Automobile Liability: If motor vehicles are utilized in the permit activities or en route to the permit activities, Applicant Organization shall maintain motor vehicle liability with limits of not less than \$1,000,000 per accident for bodily injury and property damage. The policy must include the State of California, California Department of Parks and Recreation, their officers, employees and agents as additional insured, at no cost to State, with respect to liability arising out of all vehicles owned, hired and non-owned.

Self-Insured Applicants: If Applicant Organization is self-insured in whole or in part as to any of the above described types and levels of insurance coverage, Applicant Organization shall provide the State with written acknowledgment of this fact. The State may require financial information to justify Applicant Organization's self-insured status. If at any time after the execution of this Permit, Applicant Organization abandons its self-insured status, Applicant Organization shall immediately notify the State of this fact and shall comply with all of the terms and conditions of this Section pertaining to required policies of insurance.

I hereby certify that I am a representative of Applicant Organization authorized to agree to the above insurance requirements of this permit.

AUTHORIZED REPRESENTATIVE SIGNATURE	PRINTED NAME	DATE
-------------------------------------	--------------	------