



City of Victorville

Development Department

Planning ♦ Building ♦ Code Enforcement ♦ **Business License** ♦ Animal Control

In-City General Business License Requirements:
Vehicles for Hire: NEMT'S, Taxi's, Limo's, Shuttles, Etc.

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

(760) 955-5072
Fax (760) 269-0046
businesslicense@
victorvilleca.gov

BUSINESS REQUIREMENTS (all applicable documents to be COMPLETED are enclosed):

- APPROPRIATE ZONING:** Before beginning the process, make sure that your type of business is compatible with the existing zoning for your proposed site. Provide the Assessor's Parcel Number or street address of the property to the Planning Division. Contact the Planning Division at planning@victorvilleca.gov or at (760) 955-5135.
 - BUSINESS LICENSE (BSL) APPLICATION – ENCLOSED:** Anyone conducting business within Victorville city limits **must** obtain a business license. Once all approvals and required documents have been received, your business license will be issued. **BSL Fee \$381.28.**
 - COMMERCIAL BUSINESSES ONLY: CERTIFICATE OF OCCUPANCY (COFO) APPLICATION – COMPLETE ONLINE OR IN-PERSON:** All commercial businesses within Victorville city limits **must** obtain a Certificate of Occupancy. The Certificate of Occupancy will be issued once all approvals have been received, and will be issued with the business license. **COFO Fee \$52.40.** For more information, contact the Building Division in-person at City Hall, via email at inspection@victorvilleca.gov or by phone at (760) 955-5100.
- OR
- HOME BUSINESSES ONLY: HOME OCCUPATION PERMIT (HOP) APPLICATION - ENCLOSED:** All home based businesses within Victorville city limits **must** obtain a Home Occupation Permit. The Home Occupation Permit will be issued once all approvals have been received, and will be issued with the business license. **HOP Fee \$59.39.** For more information, contact the Planning Division in-person at City Hall, via email at planning@victorvilleca.gov or by phone at (760) 955-5135.
 - FIRE OPERATIONAL PERMIT APPLICATION – ENCLOSED:** All commercial businesses and some residential businesses within Victorville city limits **must** obtain a Fire Operational Permit. The Fire Operational Permit will be issued once all approvals have been received, and will be issued with the business license. **Fees vary based on square footage and business type.** For more information, contact the Community Risk Reduction Division in-person at City Hall, via email at fireprevention@victorvilleca.gov or by phone at (760) 955-5227.
 - CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY:** Once all the necessary documents for the Business License have been approved and fees paid, the applicant will be referred to the City Clerk's Office regarding the Certificate of Public Convenience and Necessity prior to issuance of the Business License.

OTHER REQUIREMENTS IF APPLICABLE (provide a COPY of applicable documents):

- POLICE DEPARTMENT:** If you are conducting business as a Vehicle(s) for Hire (including Taxi's, NEMT's), Live Scan/Fingerprinting is required and a Driver's Permit must be issued. The Police Department will contact you regarding their requirements. For specific questions relating to their approval / permit process, contact the Police Department at (760) 241-2911, 14200 Amargosa Road, Victorville.
- DRIVER/VEHICLE LIST:** Please provide the name(s) of all drivers/vehicles employed by the business.
- CPR CARDS:** Please provide a copy of each driver's CPR card (NEMTs only).
- INSURANCE:** Please provide a copy of insurance. Attached is a copy of the insurance requirements.
- FICTITIOUS BUSINESS NAME STATEMENT (FBN) / CORPORATE STATUS:** If your business ownership type is Sole Proprietor (individual), Partnership (2 or more owners) or Trust, and your business name does **not** include your surnames (last names); or if your business ownership is a Limited Liability Company or Corporation, and your business name is something other than what is listed on the Articles of Incorporation, a copy of your Fictitious Business Name Statement is required (DBA - doing business as). For more information, contact the San Bernardino County Recorder's Office at (760) 995-8065, 15900 Smoke Tree Street, Hesperia or at www.sbcounty.gov/arc/FbnInfo.aspx. If your business ownership is a Limited Liability Company or Corporation, a copy of the Articles of Incorporation is required. For more information, contact the California Secretary of State at (916) 657-5448, or at www.sos.ca.gov/business/.
- STATE LICENSE / CERTIFICATION:** If your occupation requires you to have a State license / certification, a copy of your State License / Certification is required. For more information, contact the State of California Department of Consumer Affairs at (800) 952-5210 or at <http://www.dca.ca.gov/licensee/index.shtml>. Please be aware that your state license may be under a different State Department; contact your specific department for more information.

IMPORTANT INFORMATION:

- Incomplete applications will **not** be accepted. Fees must be received at the time of application submission.
- All payment types accepted in-person; check or money order accepted via mail (payable to the City of Victorville).
- It takes time to process the business license application (2 – 4 weeks minimum); therefore, you may submit the application while you are in the process of obtaining the applicable documents required. Required documents can be submitted via email, fax, mail or in person.
- If any of the requirements have not been met, notification will be sent out via mail of the remaining requirements to be met.



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Development Department

Planning • Building • Code Enforcement • Business License

In-City Business License Application, Page 1 of 2

14343 Civic Drive
PO Box 5001
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Fax (760) 269-0046
businesslicense@
victorvilleca.gov

This application must be completed in its entirety to be accepted / processed by the Development Department.

Select all that apply:

- New Application/Business
- Change of Owner
- Change of Ownership Type
- Change of Business Name
- Change of Business Address
- Change of Business Type / Activity / Use

General Business Information

Business Name (if DBA, use DBA): _____

Business Owner (if corporation, use corporate name): _____

Business Address including Suite #: _____

Street Address w/Suite # City State Zip Code

Mailing Address: _____

Street Address City State Zip Code

Phone No.: (____) _____ Fax No.: (____) _____ Email: _____

Principal Owners, Officers, Partners, Contact Person (attached additional pages if necessary):

Name Title Phone Number

Name Title Phone Number

Name Title Phone Number

Fees

Please note that the fees must be paid when the application is submitted.

Fees pay all regulatory fees associated with processing the Business License.

Home Occupation Permit (HOP), if applicable, is a one-time fee.

Certificate of Occupancy(COFO), if applicable, is a one-time fee and must be applied/paid for online or in-person.

Fire Inspection & Operational Permit, if applicable, is an annual fee that will be billed with your business license renewal.

All payment types accepted in person. Check or money order accepted by mail.

By signing below, I understand that this is an application **ONLY** and does **NOT** give the right to conduct business until **ALL** the applicable Permits, Certificates, etc. have been approved and issued, **AND** the Business License have been approved and **ISSUED**.

Signature: _____ Printed Name: _____ Date: _____

OFFICE USE ONLY

Date Rec'd:	Rec'd By:	
VMC:	NAICS:	
Total Fees Due:	OCC - HOP - N/A (circle one)	
✓ Rec'd: <input type="checkbox"/> Y <input type="checkbox"/> N ✓ #:	Total Amount Rec'd: \$	
BSL#:		



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Business License Application, Page 2 of 2

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Business Operations Information

Business Type: Retail Service / Delivery Administrative Manufacturing Professional Contractor
 Entertainment / Amusement Vehicle for Hire Solicitor/Peddler Massage Exempt

Business Description - describe business activity **IN DETAIL**, to include the following: type of business, how the business is to be conducted, type of structure (single family residence, apartment, etc.); type of items, merchandise, equipment, materials and processes used; if a storage area required and where it is located; any other information which you believe will help the Development Department understand the nature of your occupation:

Date you would like to begin in Victorville: _____ If it's a temporary event, date range: _____

Total # of Owners / Employees: _____ Of those employees, # of Professionals: _____ Total # of Business Vehicles: _____

Ownership Type: Sole Proprietor (Individual) Partnership (2 or more owners) Corporation LLC Trust

Please provide at least one of the following:

Federal ID #: _____ State ID #: _____ Social Security #: _____ Sellers Permit #: _____

Contractors: Classification: _____ State ID #: _____ Expiration Date (must be active): _____

Do you currently have a Conditional Use Permit? Y N If so, Case #: _____ Expiration Date: _____

Notice: Business Licenses are due prior to commencing operation. Business Licenses are annual and expire one (1) year from the month of issuance on the last day of the month, or as stated in the Victorville Municipal Code. Issuance of the Business License in no way releases the issuee from compliance with any provision of Federal, State, County and City statutes, ordinances, rules, regulations or other law, including and without limitation to zoning, building and health and safety laws. This application will be circulated to relevant Federal, State, County, City Agencies and Departments for reviews, inspections and law enforcement purposes. It shall be the responsibility of the licensee to notify the Business License Division of any changes, updates to, and/or to cancel the Business License. Failure to comply may result in penalty fees, the Business License being suspended and/or revoked.

I declare under penalty of perjury that the foregoing is to the best of my knowledge and belief true and correct, that I have read the above, and understand all the conditions as stated therein.

Signature: _____ Title: _____ Date: _____

- If your business address is at a commercial location, complete the Certificate of Occupancy Application with the Building Division (in-person or online through the Citizen Access Portal on the City's website).
- All businesses must complete Fire Inspection & Operational Permit Application enclosed in this packet.
- If your business address is at a residential location, complete the Home Occupation Permit Application enclosed in this packet.
- If your business handles food/beverages, complete the Fats, Oils and Grease (FOGS) Permit Application enclosed in this packet.



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Fire Inspection & Operational Permit Application

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Commercial Businesses:

Is your business sharing space with another business in the exact same location (same suite or unit)? Y N

If Yes, provide other business name: _____

If you are sharing space, you do not need to complete the rest of this application page.

If you are not sharing space, you must complete the rest of this application page.

Residential Businesses: You must complete the rest of this application page.

Facility Size (In square feet): _____

Fire Annual Operational Permit Information

Low Hazard: None of the Below

- Automobile Wrecking Yards
- Cellulose Nitrate Film
- Open Flames and Candles
- Places of Assembly 50-299

Medium Hazard: None of the Below

- Carbon Dioxide Enrichment Systems
- Carbon Dioxide Systems in Beverage Dispensing
- Fixed Hood & Duct Extinguishing Systems
- Liquid or Gas Fuel Equipment in Assembly Buildings
- Places of Assembly 300-999 Occupants
- Storage or Scrap Tires & Tire Byproducts
- Wood, Manure, & Organic Product Storage
- Covered and Open Mall Buildings
- Dry Cleaning
- Lumber Yards & Wood Working
- Motor Vehicle Fuel Dispensing
- Production Facilities
- Rooftop Heliports
- Combustible Fibers
- Industrial Ovens
- Misc. Combustible Storage
- Pyroxylin Plastics
- Refrigeration Equipment
- Waste Handling

High Hazard: None of the Below

- Aerosol Products
- Combustible Dust Producing Operations
- Cutting & Welding
- High-Piled Combustible Storage
- Liquefied Petroleum Gases
- Pallet Yards
- Repair Garages
- Aviation Facilities
- Compressed Gas
- Flammable & Combustible Liquids
- Hot Works Operations
- Magnesium
- Places of Assembly 1,000+ Occupants
- Spraying or Dipping
- Battery Systems
- Cryogenic Fluids
- Explosives
- HPM Facilities
- Organic Coatings
- Plant Extraction Systems
- Tire Rebuilding Plants

Occupancies Requiring Mandated Inspections

State Mandated: None of the Below

- Detention Facility (Group 1-3)
- Residential Care Facility (Group R-2.1)
- Family Day Care – Large & Small (Group R-3)
- Health Care Facilities/Nursing/Detox Centers (I-2)
- Organized Camps (Group C)
- Residential Care Facility (Group R-3.1)
- Day Care Facility (Group E)
- Multi-Family Housing (Group R-1/R-2)
- Public or Private Schools (Group E)
- Residential Care Facility (Group 4)
- Day Care Facility (Group 1-4)
- High Rise

Multi-Family Unit Count _____

Fire Inspection and Operational Permit Fee Schedules

All commercial businesses located in the City of Victorville are assessed an annual inspection Fee based on the square foot of the building that is occupied:

Square Foot	Amount
0 – 5,000 sq. ft.	\$170.00
5,001 – 10,000 sq. ft.	\$222.00
10,001 – 50,000 sq. ft.	\$275.00
50,001 – 100,000 sq. ft.	\$419.00
100,001 – 500,000 sq. ft.	\$534.00
500,001 – 1,000,000 sq. ft.	\$739.00
> 1,000,000 sq. ft.	\$1,123.00

In addition to the annual inspection fee, any business operations that are considered hazardous, simply as a result of the normal business operation and use of the building, will also receive inspection for those hazards and be issued an annual operating permit.

Following is a sample of some common operational permits:

Hazard Type	Amount
Low Hazard i.e. Automobile Wrecking Yards, Open Flames & Candles, Places of Assembly 50-299	\$35.00
Medium Hazard i.e. Dry Cleaning, Fixed Hood & Duct Extinguishing Systems, Refrigeration Equipment	\$70.00
High Hazard i.e. Aviation Facilities, High-Piled Combustible Storage, Places of Assembly 1,000+	\$105.00

To view a comprehensive fee schedule, visit our website: www.victorvilleca.gov/FPB

Victorville Fire Department
Fire Prevention Bureau and Community Risk Reduction Division
14343 Civic Drive
Victorville, Ca 92392
P: 760.955.5227
fireprevention@victorvilleca.gov
www.victorvilleca.gov/FPB



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Home Occupation Permit Application, Page 1 of 1

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

(760) 955-5135
Fax (760) 269-0070
planning@victorvilleca.gov

Home Occupancy Permit Requirements

In reviewing and acting upon an application for a Home Occupation Permit, the Development Department Planning Division must determine the applicant's ability to meet the following requirements:

- Possession of a business license is required.
- There shall be no exterior evidence of the conduct of a home occupation except for any signage on vehicles unless otherwise regulated by Title 16.
- A home occupation shall be conducted only within the enclosed living area of the dwelling unit or the garage without rendering the garage unusable as the required off-street parking space(s) for the dwelling unit.
- Electrical/mechanical equipment which creates visible/audible interference in radio/television receivers or causes fluctuation in line voltage outside the dwelling unit/which creates noise/odors not normally associated with residential dwelling units shall be prohibited.
- Only the residents of the dwelling unit may be engaged in the home occupation.
- To the extent that there is any sale of any service or item related to a home occupation by the permittee or seller, no transaction or delivery of the item to the buyer shall occur on or adjacent to the premises.
- There shall be no signs other than those permitted by the zone regulations.
- A home occupation shall not create greater vehicle or pedestrian traffic than normal for the district in which it is located.
- There shall be no modification to existing utility services to accommodate or service the home occupation.
- Any storage of hazardous, toxic, flammable or combustible materials or chemicals associated with the home occupation shall be allowed only if in compliance with City of Victorville standards.
- That portion of the dwelling unit occupied by certain home occupations shall be made available for an annual fire inspection to ensure compliance with applicable health and safety standards. A fee may be charged by the Fire Department for this inspection.
- No advertisement of the home occupation shall include the residential address where the home occupation is conducted.

I have read and understand the aforementioned requirements which must be met in order for the home occupation to receive administrative approval. Subsequent operation of the home occupation in violation of the requirements would most likely result in the invalidation of the home occupation permit.

Signature: _____ Printed Name: _____ Date: _____

Letter of Authorization if Applicant Other Than Property Owner

I, _____, as owner(s) of property identified as Assessor's Parcel No(s).
Property Owner(s)

_____, and/or Tract/Parcel Map _____, Parcel/Lot No. _____ do hereby authorize

_____, to represent me as agent in seeking approval of the Following project(s):
Authorized Agent

Signature: _____ Printed Name: _____ Date: _____



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List of Drivers / Vehicles Form

14343 Civic Drive
PO Box 5001
Victorville, CA 92392

(760) 955-6072
Fax (760) 269-0046

businesslicense@ci.victorville.ca.us

Provide the information below for each Driver / Vehicle intended to operate in this business.

This form is to be filled out/signed by the Business Owner Only.

Business Name: _____

Business Owner: _____

Current Drivers:

Name: _____ CDL: _____ Phone: _____

Add new Drivers:

Name: _____ CDL: _____ Phone: _____

Name: _____ CDL: _____ Phone: _____

Remove Drivers:

Name: _____ CDL: _____ Phone: _____

Name: _____ CDL: _____ Phone: _____

Vehicles (if applicable):

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

Make: _____ Model: _____ Year: _____ License #: _____ VIN: _____

I declare under penalty of perjury that the foregoing is to the best of my knowledge and belief true and correct.

Business Owner Signature

Print Name

Date

Sec. 16-7.07.150: - Insurance



TAXI, LIMO, SHUTTLE, ETC.

No certificate of public convenience and necessity shall be issued or continued in operation unless there is in full force and effect and covering each vehicle classified hereunder a policy of insurance in such form as the City Council shall deem proper, executed by an insurance company approved by said council and authorized to do business in the state of California, which policy shall insure the public against any loss or damage that may result from the operation of said vehicles and also naming the City as an additional insured of such vehicles; and provided further that said policy of insurance shall provide for maximum recovery of not less than one million five hundred thousand dollars combined single limit bodily injury and property damage, or such other statutory limit as provided for by the Public Utilities Commission.

(Ord. No. 2305, § 1, 12-17-13)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2016

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 JKL Insurance Brokers, Inc.	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Taxi, Limo, Shuttle, Etc.	INSURER A:	ABC
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <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	X	X	67890	7/1/16	7/1/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

30-day notice of cancellation will be provided.

CERTIFICATE HOLDER City of Victorville 14343 Civic Drive Victorville, CA 92392	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

Sec. 16-7.08.130: - Insurance requirements



NEMT

The franchisee shall obtain and keep in force during the term of the franchise public liability and bodily injury insurance issued by a company authorized to do business in the state of California, insuring the owner of the vehicle and also naming the City as an additional insured of such vehicle against loss by reason of injury or damage that may result to persons or property from negligent operation or defective maintenance of such vehicle, or from violation of this chapter, or any other law of the state or of the United States. The policy shall be in the sum of not less than two million dollars for personal injury to, or death of, any one person in any single accident; and the limits of each such vehicle shall not be less than five hundred thousand dollars for damages to, or destruction of, property in any one accident.

Workers' compensation insurance shall be carried in the statutory limits covering all employees of the franchisee. Before the City Council may issue a franchise, copies of the policies or certificates evidencing such policies shall be filed with the City Clerk. All policies shall contain a provision requiring a thirty-day notice to be given to the City prior to cancellation, modification or reduction in limits. The amounts of public liability insurance for bodily injury and property damage shall be subject to review and adjustment at the City's option.

(Ord. No. 2305, § 1, 12-17-13)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2016

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PRODUCER JKL Insurance Brokers, Inc.	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED NEMT	INSURER A :	ABC
	INSURER B :	DEF
	INSURER C :	GHI
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		12345	7/1/16	7/1/17	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 2,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY	X		67890	7/1/16	7/1/17	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ 2,000,000
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$ 500,000
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			11223	7/1/16	7/1/17	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

30-day notice of cancellation will be provided.

CERTIFICATE HOLDER**CANCELLATION**

City of Victorville
14343 Civic Drive
Victorville, CA 92392

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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