



STONE SOUP MUSIC FESTIVAL 2026 VENDOR INSURANCE REQUIREMENTS

All approved vendors must provide a Certificate of Liability Insurance. The certificate must:

- Be valid for BOTH the setup and show dates of the festival:
Friday, August 28 - Sunday, August 30, 2026.
- Include minimum coverage amounts of General Liability Insurance:
 - Each Occurrence: \$1 million
 - Damage to Rented Premises: \$50,000
 - Medical Expense: \$5,000
 - General Aggregate: \$2 million
- FOOD vendors must also include minimum coverage amounts of:
 - Personal & Adv Injury: \$1 million
 - Products – Comp/Op Agg: \$2 million
- List as Additional Insured:
 - Clark Center for the Performing Arts, Inc.
487 Fair Oaks Ave, Arroyo Grande, CA 93420
 - City of Grover Beach
154 S Eighth St, Grover Beach, CA 93433
 - Mechanics Bank
899 W Grand Ave, Grover Beach, CA 93433
- Include in the Description of Operations or Additional Remarks:
"CLARK CENTER FOR THE PERFORMING ARTS, INC., CITY OF GROVER BEACH, and MECHANICS BANK, their elected and appointed officials, officers, employees, volunteers, sponsors, and agents, are named as ADDITIONAL INSURED in connection with insured's setup and participation in the STONE SOUP MUSIC FESTIVAL at RAMONA GARDEN PARK and surrounding streets and lots in GROVER BEACH, CA on AUGUST 28-30, 2026."
- Certificates may sent by email to StoneSoup@clarkcenter.org or mailed to:
Clark Center for the Performing Arts
487 Fair Oaks Ave
Arroyo Grande, CA 93420

For additional questions, please email StoneSoup@clarkcenter.org or call 805-574-1442.

For vendors using ACT INSURANCE, please contact insurer directly at info@actinsurance.com to request a certificate with the correct Additional Insured and Additional Remarks required.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

PRODUCER	CONTACT NAME: INSURANCE AGENT NAME
INSURANCE BROKER	PHONE (A/C No., Ext): INSURANCE AGENT PHONE FAX (A/C, No):
LICENSE NUMBER	E-MAIL ADDRESS: INSURANCE AGENT EMAIL
STREET ADDRESS	INSURER(S) AFFORDING COVERAGE NAIC #
CITY ST ZIP	INSURER A: INSURANCE AGENT COMPANY NAME
INSURED	INSURER B:
YOUR VENDOR NAME	INSURER C:
DBA NAME (IF APPLICABLE)	INSURER D:
STREET ADDRESS	INSURER E:
CITY ST ZIP	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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		POLICY NUMBER	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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 (Ea accident) \$ 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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)
CLARK CENTER FOR THE PERFORMING ARTS, INC., CITY OF GROVER BEACH, and MECHANICS BANK, their elected and appointed officials, officers, employees, volunteers, sponsors, and agents, are named as ADDITIONAL INSURED in connection with insured's setup and participation in the STONE SOUP MUSIC FESTIVAL at RAMONA GARDEN PARK and surrounding streets and lots in GROVER BEACH, CA on AUGUST 28-30, 2026.

CERTIFICATE HOLDER	CANCELLATION
CLARK CENTER FOR THE PERFORMING ARTS, INC. 487 FAIR OAKS AVE ARROYO GRANDE, CA 93420	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER, INSURANCE BROKER, LICENSE NUMBER, STREET ADDRESS, CITY, ST, ZIP, CONTACT NAME, INSURANCE AGENT NAME, PHONE, INSURANCE AGENT PHONE, FAX, E-MAIL ADDRESS, INSURANCE AGENT EMAIL, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURER A, INSURANCE AGENT COMPANY NAME, INSURER B, INSURER C, INSURER D, INSURER E, INSURER F

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability.

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