



# CITY OF NEWPORT BEACH

## COMMUNITY DEVELOPMENT DEPARTMENT BUILDING DIVISION

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658

[www.newportbeachca.gov](http://www.newportbeachca.gov) | (949) 644-3200

### COMMERCIAL TIDELANDS – POLLUTION LEGAL LIABILITY COVERAGE

The City of Newport Beach’s Commercial Tidelands Program requires permit and lease holders to obtain insurance for pollution legal liability coverage. The City developed a program so that permittees/lessees can take advantage of lower priced group rates and purchase pollution legal liability coverage through the City from Tokio Marine Specialty Insurance Company (Philadelphia).

Please indicate below your participation in the City’s Commercial Tidelands Pollution Legal Liability insurance program:

Yes, I would like to participate in the program and I approve the City invoicing me each month for the cost of the program. See attached letter for monthly premium costs.

No, I would not like to participate in the program. **If checked no, you must forward copies of your pollution legal liability insurance certificates to Lauren Wooding Whitlinger at [lwooding@newportbeachca.gov](mailto:lwooding@newportbeachca.gov) to ensure your coverage is in compliance with your permit/lease.**

Please complete the following regardless of whether you would like to participate in the program or not, to help the City update their records:

#### 1. Lessee Information

Permit or Leaseholder Name:	
Contact Name:	
Mailing Address:	
City:	
State, Zip:	
Phone:	
E-mail:	

#### 2. Marina Risk Classification

(check the most accurate description and enter the total square footage of your marina)

*Marina – No residential, no fuel or repair*

Square Footage of Marina: \_\_\_\_\_

*Marina – No residential, with fuel and/or repair*

*Marina – Residential, no fuel or repair*

*Restaurant, with slips*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please contact Lauren Wooding Whitlinger, Real Property Administrator for the City of Newport Beach, with any questions at (949) 644-3236 or by e-mail at [lwooding@newportbeachca.gov](mailto:lwooding@newportbeachca.gov).

Mail completed form to: City of Newport Beach, Attn: Lauren Wooding Whitlinger, 100 Civic Center Drive, Newport Beach, CA 92660, or submit via email to [lwooding@newportbeachca.gov](mailto:lwooding@newportbeachca.gov).

Please indicate below where you would like the Additional Insured endorsement to be mailed:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any other parties you would like listed on the policy as an Additional Insured (i.e. mortgage lender, tenant(s), etc.):

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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**For City Use Only**

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

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