

Company/Organization Letterhead

Date

Port of San Diego
Tidelands Activation Program
Insurance Compliance

RE: **Event Name, Event**

Date, and Agreement

Number

To Whom It May Concern:

This is to confirm **Organization Name** is a non-profit and all volunteer organization. We have no employees nor expect to have employees during the term of this agreement. Thus, per the California Department of Insurance we are not required carrying Workers' Compensation insurance and are requesting this insurance be waived.

Our organization does not have any company owned vehicles nor will vehicles be hired for use during the event. Therefore, we are requesting the Personal Automobile Liability insurance requirement be waived.

I have copied the Port's insurance compliance review firm and emailed TAP@portofsandiego.org with this correspondence. Thank you for your consideration.

Sincerely,

Signature

Name
Title
Organization Name
Email
Phone Number

Cc: Insurance compliance
TAP@portofsandiego.org