

# INSURANCE CHECKLIST

**Acceptable insurance certificates must meet the following requirements:**

**If Insurance Company is an Admitted Carrier:**

- ❑ Best's rating of A, Class VII or better
- ❑ Licensed in the State of California **OR** listed as Surplus

**If Insurance Company is a Non-Admitted Carrier:**

- ❑ Included on the California Department of Insurance List of Eligible Surplus Line Insurers (LASLI) <http://www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm>
- ❑ Best's Rating of at least a A, Class XII
- ❑ Has 10 years or more experience
- ❑ If applicable, the reinsurance carrier has a qualified rating

**Requirements for all carriers:**

Amount listed on policy must be an aggregate amount of \$2,000,000 unless determined by authorized staff that the amount can be reduced to \$1,000,000 per Policy D-3.

Provide an original signature OR electronic signature on emailed certificates (stamped and faxed signatures are **NOT** acceptable).

Include specific description of project or job requiring coverage on the certificate.

Provide endorsement page (form CG 20 26 07 04) specifically naming the City of El Cajon as additional insured to include the following language: **"City of El Cajon, (and/or the Successor Agency to the El Cajon Redevelopment Agency), and its (their) elected and appointed officials, officers, employees and volunteers for purposes of this Policy, individually and collectively, the "(City insureds)" as additional insureds."**

**A blanket endorsement is *NOT* acceptable.**

Per Policy D-3, City shall be notified of expiration or proposed cancellation of insurance policy not less than 30 days before expiration or cancellation is effective. As such, this must be noted on the Certificate of Insurance. Public Works projects using Green Book specifications require notification of expiration or proposed cancellation of insurance policy not less than 30 days before expiration or cancellation is effective by certified mail, return receipt requested.

Per Policy D-3, Worker's Compensation coverage must be provided and include a Waiver of Subrogation endorsement page.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/11/2015

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	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Ironshore Specialty Ins. Co.	25445
INSURED	INSURER B :	must have the Insurer's name for general liability and worker's comp, with NAIC #	
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

full information for producer and all contact info

must include NAIC #

full information for the insured

## COVERAGES CERTIFICATE NUMBER: REGION 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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY <input 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						\$ \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Contractors Pollution Liability						\$1,000,000 Each Incident Limit \$2,000,000 Policy Aggregate

include Policy #s and dates for both general liability and worker's comp

must be checked

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

Must have job/project address and description of work to be done

## CERTIFICATE HOLDER CANCELLATION

City of El Cajon 200 Civic Center Way El Cajon, CA 92020-3916	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 must be signed
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POLICY NUMBER:

must include policy # and must match  
policy # on first page of certificate

COMMERCIAL GENERAL LIABILITY  
CG 20 12 07 98

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**State Or Political Subdivision:**

must have the following language in this box:

The City of El Cajon (and/or the Successor Agency to the El Cajon Redevelopment Agency), and its (their) elected and appointed officials officers, employees and volunteers (for purposes of this Policy, individually and collectively, the "City Insured") as additional insureds.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance does not apply to:
  - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".



XXX Contracting Company  
 4030400668 ← Policy #  
 10/1/2015 10/1/2016

5/18/2016  
 G-15115-A  
 (Ed. 10/89)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**CHANGES – NOTICE OF CANCELLATION  
 OR MATERIAL COVERAGE CHANGE**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART

In the event of cancellation or material change that reduces or restricts the insurance afforded by this Coverage Part (other than the reduction of aggregate limits through payment of claims), we agree to mail prior written notice of cancellation or material change to:

1. Number of days advance notice: 30

~~10 Days Notice for Non-Payment of Premium~~

2. Name: City of El Cajon  
 200 Civic Center Way  
 El Cajon CA 92020

3. Address:

**SCHEDULE**

The cancellation notification is required

This must include the company name, address and Policy number





HOME OFFICE  
SAN FRANCISCO

ALL EFFECTIVE DATES ARE  
AT 12:01 AM PACIFIC  
STANDARD TIME OR THE  
TIME INDICATED AT  
PACIFIC STANDARD TIME

ENDORSEMENT AGREEMENT

WAIVER OF SUBROGATION ✓

must be a separate endorsement or  
agreement and must include policy  
number

BROKER COPY

REP 04  
9040146-16 ← Policy #  
RENEWAL  
SC  
2-15-36-32  
PAGE 1 OF 1

EFFECTIVE MAY 9, 2016 AT 12.01 A.M.  
AND EXPIRING JANUARY 1, 2017 AT 12.01 A.M.

XXX DRILLING & PUMP CO INC  
STREET ADDRESS  
VALLEY CENTER, CA 92082

include company  
name and  
address here

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING,  
IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND  
WAIVES ANY RIGHT OF SUBROGATION AGAINST,

CITY OF EL CAJON

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS  
POLICY IN CONNECTION WITH WORK PERFORMED BY,

include company name here

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN  
PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION  
OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE  
EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNINGS OF SUCH  
EMPLOYEES SHALL BE INCREASED BY 03%.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE  
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR  
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

MAY 11, 2016

2570

*Kenneth R. LaRuff*

*Vernon Steiner*

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO