

INSURANCE REQUIREMENTS

January 2020

City of Mountain View • Public Works Department • Land Development Section
650-903-6311 • Fax 650-962-8503

The following insurance requirements apply to permits and agreements used by Land Development Engineering of the Public Works Department. These insurance requirements do not apply to City contract construction projects, which have more stringent requirements. For excavation permits, the Permittee must provide the insurance. For agreements, the entity that signs the agreement must provide the insurance. Major construction projects require higher insurance coverage limits than the \$2,000,000 noted below.

1. Commercial General Liability Insurance:

APPLICANT shall obtain Commercial General Liability insurance, including operations, products and completed operations in the amount of Two Million Dollars (\$2,000,000) per occurrence. If a general aggregate limit is used, either the general aggregate limit shall apply separately to *this AGREEMENT/PERMIT* or the general aggregate limit shall be twice the required occurrence limit. *APPLICANT's* insurance coverage shall be written on an occurrence basis.

2. Automobile General Liability Insurance:

APPLICANT shall obtain Automobile Liability insurance in the amount of One Million Dollars (\$1,000,000) per person and One Million Dollars (\$1,000,000) per occurrence.

3. Pollution Insurance:

APPLICANT shall obtain Pollution insurance in the amount of One Million Dollars (\$1,000,000) per person and One Million Dollars (\$1,000,000) per occurrence.

4. Workers' Compensation Insurance:

APPLICANT shall obtain statutory Workers' Compensation insurance and Employer's Liability insurance in the amount of One Million Dollars (\$1,000,000) per accident.

5. Acceptability of Insurers: Insurance is to be placed with insurers with a current A.M. Best's Rating of A:VII or higher and admitted to do business in the State of California, or with insurers who are A.M. Best rated and on the California Department of Insurance approved List of Approved Surplus Line Insurers (LASLI).

6. Verification of Coverage: Insurance, deductibles or self-insurance retentions shall be subject to CITY's approval. Original Certificates of Insurance with Endorsements shall be received and approved by CITY before work commences, and insurance must be in effect for the duration of *this AGREEMENT/PERMIT*. The absence of insurance or a reduction of stated limits shall cause all work on the project to cease. Any delays shall not increase costs to CITY or increase the duration of the project.

7. Other Insurance Provisions:

a. The City of Mountain View, its officers, officials, employees, and volunteers are to be covered as additional insureds on the Commercial General Liability policy with respect to liability arising out of work or operations performed by or on behalf of *APPLICANT*, including materials, parts, or equipment furnished in connection with such work or operations. An endorsement at least as broad as ISO Form CG 20 10 11 85 or if not available, through the

addition of both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 if a later revision is used.

- b. The City of Mountain View, its officers, officials, employees, and volunteers are to be covered as additional insureds on the Automobile Liability policy.
 - c. For any claims related to *this AGREEMENT/PERMIT*, *APPLICANT's* insurance coverage shall be primary coverage at least as broad as ISO CG 20 01 04 13 with respect to CITY, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by CITY shall be excess of *APPLICANT's* insurance and shall not contribute to it.
 - d. *APPLICANT* grants CITY a waiver of any rights to subrogation which any insurer of *APPLICANT* may acquire against CITY by virtue of the payment of any loss under such insurance. ISO CG 24 04 for CGL and an endorsement to the Workers' Compensation policy. This provision applies regardless of whether or not CITY has received a waiver of subrogation endorsement from the insurer.
 - e. *APPLICANT* shall provide a thirty (30) day notification to CITY of any change of coverage or cancellation of insurance.
 - f. It shall be the responsibility of *APPLICANT* to ensure that all subcontractors comply with the same insurance requirements that are stated in *this AGREEMENT/PERMIT*.
8. Waiver or Modification of the Insurance Requirements: Any waiver or modification of the insurance requirements can only be made by the City's Risk Manager or designee at the City's discretion.

INSURANCE CERTIFICATE EXAMPLE

July 1, 2016



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 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 Name of Producer (Insurance Agent) Address	CONTACT NAME: Insurance Agent Contact Name PHONE (A/C, No, Ext): Telephone No FAX (A/C, No): Fax No E-MAIL ADDRESS: Email Address INSURER(S) AFFORDING COVERAGE INSURER A: Name of Insurer (Insurance Companies must have a minimum Best's Rating of A and a Financial Performance Rating of VII) INSURER B: Name of Insurer INSURER C: Name of Insurer INSURER D: Name of Insurer INSURER E: INSURER F:
INSURED Name of Insured (Permittee, Contractor, Developer *) Address * As required by permit, agreement, etc.	NAIC # NAIC #

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
A	GENERAL LIABILITY			General Liability Policy No.	Begin Date	Exp. Date	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	GENL AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 4,000,000	
						PRODUCTS - COMP/OP/AGG \$	
						\$	
B	AUTOMOBILE LIABILITY			Automobile Liability Policy No.	Begin Date	Exp. Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$ 1,000,000
						\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Workers Comp. Policy No.	Begin Date	Exp. Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory in NH)						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)

Job: City of Mountain View, All California Operations.

The certificate holder should be made out to the attention of the "Public Works Dept. - Land Development". This will help prevent your certificates from being sent to the wrong department within the City.

CERTIFICATE HOLDER City of Mountain View Attn: Public Works Dept. - Land Development P.O. Box 7540 Mountain View, CA 94039-7540	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
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COMMERCIAL GENERAL LIABILITY ENDORSEMENT SAMPLE
July 1, 2016

POLICY NUMBER: General Liability Policy No.

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

City of Mountain View, Its Officers, Officials, Employees and Volunteers
P.O. Box 7540
Mountain View, CA 94039-7540
Attn: Public Works Dept. - Land Development

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

- a. *The City of Mountain View, its officers, officials, employees and volunteers are to be covered as additional insureds.*
- b. *For any claims related to this project, name insured's insurance coverage shall be primary.*
- c. *Each insurance policy required shall be endorsed that a thirty (30) day notice be given to CITY in event of cancellation or modification to the stipulated insurance coverage.*

