

City of Healdsburg

Administration Department 401 Grove Street Healdsburg, CA 95448

> Phone: (707) 431-3316 Fax: (707) 431-3321 Visit us at: <u>www.ci.healdsburg.ca.us</u>

INSURANCE REQUIREMENTS

Contractor shall procure and maintain insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

Minimum Scope of Insurance

Coverage shall be at least as broad as:

- Insurance Services Office Commercial General Liability occurrence form CG 0001 (ed. 11/88) or GL 0002 (ed. 1/73) covering comprehensive General Liability and Insurance Services Officer form GL 0404 covering Broad Form Comprehensive General Liability.
- 2. Insurance Services Office Auto Liability form number CA 0001 (ed. 12/90) Code 1 ("any auto").
- 3. Workers' Compensation insurance as required by the State of California and Employer's Liability Insurance.

Minimum Limits of Insurance

Contractor shall maintain limits not less than:

- 1. General Liability: \$2,000,000 per occurrence for bodily injury, personal injury and property damage including operations, products and completed operations. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
- 2. Automobile Liability: \$2,000,000 per accident for bodily injury and property damage.
- 3. Statutory Workers' Compensation and Employer's Liability: \$1,000,000 per accident for bodily injury and disease.

<u>Deductibles and Self-Insurance Retentions</u>

Any deductibles or self-insured retentions must be declared to and approved by the City. At the option of the City, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the City, its officers, officials, employees, agents and volunteers; or the Contractor shall provide a financial guarantee satisfactory to the City guaranteeing payment of losses and related investigations, claim administration and defense expenses.

Other Insurance Provisions

The general liability and automobile liability policies are to contain, or be endorsed to contain, the following provisions:

1. The City, its officers, officials, employees, and volunteers are to be covered as insureds with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of the contractor; and with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment

- furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance or as a separate owner's policy.
- 2. For any claims, the Contractor's insurance coverage shall be primary insurance with respect the City, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, agents or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.
- 3. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled or reduced in coverage or limits, except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given the City.
- 4. Any failure of the Contractor to comply with reporting provisions of the policy shall not affect coverage provided to the City and its officers, officials, employees, agents and volunteers.

Waiver of Subrogation

The workers' compensation policy is to be endorsed with a waiver of subrogation. The insurance company, in its endorsement, agrees to waive all rights of subrogation against the City, its officers, officials, employees, agents and volunteers for losses paid under the terms of this policy which arises from the work performed by the named insured for the City.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of no less than A: VII.

Verification of Coverage

Contractor shall furnish the City with original certificates and amendatory endorsements affecting coverage required by this clause. The endorsements should be on forms provided by the City or on other than the City's forms, provided those endorsements or policies conform to the requirements. All certificates and endorsements are to be received and approved by the City before work commences. The City reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

<u>Independent Contractors</u>

Contractor shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for independent contractors shall be subject to all of the requirements stated herein.

_	RTIFICATE OF INSURA	_				ISSUE DATE (MM/DD/YYYY)	
CITY OF HEALDSBURG (the "City") PRODUCER			THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
				COMPANY	•	COMPANIES	BEST'S RATING
				LETTER	Α		
INSU	RED				B	 	
					C		
					D		
					E		
NO ISS	IS IS TO CERTIFY THAT THE POLICIES O TWITHSTANDING ANY REQUIREMENT, T SUED OR MAY PERTAIN, THE INSURANCE LICIES. LIMITS SHOWN MAY HAVE BEEN	ERM OR CONDITION OF AFFORDED BY THE PO	F ANY CONT DLICIES DES AIMS.	RACT OR O	THER DOCUMENT WITH REIN IS SUBJECT TO A	H RESPECT TO WHICH THIS CERTIF	FICATE MAY BE
CO LTR	TYPE OF INSURANCE	POLICY NUMBER			POLICY EXPIRATION DATE (MM/DD/YYYY)	ALL LIMITS IN THOU	ISANDS
	GENERAL LIABILITY					GENERAL AGGREGATE	\$
	COMMERCIAL GENERAL LIABILITY					PRODUCTS-COMP/OPS AGGREGA	т\$
	☐ CLAIMS MADE ☐ OCCUR.					PERSONAL & ADVERTISING INJURY	(\$
	OWNER'S & CONTRACTOR'S PROT.					EACH OCCURRENCE	\$
	□ OTHER					FIRE DAMAGE (ANY ONE FIRE)	\$
						MEDICAL EXPENSE (Any One Perso	r \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$
	ANY AUTO ALL OWNED AUTOS					BODILY INJURY (PER PERSON)	\$
	SCHEDULED AUTOS HIRED AUTOS					BODILY INJURY (PER ACCIDENT)	\$
	NON-OWNED AUTOS					PROPERTY DAMAGE	
	GARAGE LIABILITY EXCESS LIABILITY						12
	☐ UMBRELLA					EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM					AGGREGATE	\$
						STATUTORY	\$
	■ WORKER'S COMPENSATION &					EACH ACCIDENT	\$
	EMPLOYER'S LIABILITY					DISEASE-POLICY LIMIT	\$
						DISEASE-EACH EMPLOYEE	\$
	PROPERTY INSURANCE COURSE OF CONSTRUCTION					AMOUNT OF INSURANCE	\$
DESC	RIPTION OF OPERATIONS / LOCATIONS	/ VEHICLES / RESTRICT	TIONS / SPE	CIAL ITEMS	•		
1. 2. 3. 4. 5. 6.	FOLLOWING PROVISIONS APPL None of the above-described policies The City, its officials, officers, employ It is agreed that any insurance or self above. The City is named a loss payee on th All rights of subrogation under the pro The worker's compensation insurer or insured resulting from work for the Ci	s will be canceled unti yees and volunteers a f-insurance maintaine e property insurance poperty insurance polici named above, if any, a	are added and by the Ci coolicy descriptions of listed about	as insureds ity will apply cribed above ove have be vaive all righ	on all liability insurally in excess of and no e, if any.	nce policies listed above. t contribute with, the insurance d e City.	escribed
CERTIFICATE HOLDER / ADDITIONAL INSURED				AUTHORIZED REPRESENTATIVE SIGNATURE TITLE			
CITY OF HEALDSBURG 401 GROVE STREET HEALDSBURG, CA 95448							

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:						
СО	COMMERCIAL GENERAL LIABILITY COVERAGE PART.					
sc	SCHEDULE					
Name of Organization:						
•	(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).					
WHO IS 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" performed for that insured.						
Мо	odifications to ISO for CG 20 10 11 85					
1)	The insured scheduled above includes the insured's elected or appointed officers, officials, employees and volunteers.					
2)	This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.					
3)	The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the City.					
4)	Coverage shall not extend to any indeminity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under Subdivision (b) of Section 2782 of the Civil Code.					

Signature - Authorized Representative

Address

AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT

For City of Healdsburg (the City)

ENDORSEMENT NO.

ISSUE DATE (DD/MM/YYYY)

PRODUCER	POLICY INFORMATION				
	Insurance Company: Policy No:				
	Policy Period: (from)	(to)			
	LOSS ADJUSTMENT EXPENSE	: ☐ Included in Limits ☐ In Addition to Limits			
Telephone	□ Deductible	☐ Self-Insured Retention (check which) of \$			
NAMED INSURED	under all written agreeme	surance pertains to the operation and/or tenancy of the named insured ents and permits in force with the City unless checked here in which pecific agreements and permits with the City are covered: 'ERMITS			
TYPE OF INSURANCE	OTHER PROVISION	NS			
COMMERCIAL AUTO POLICY					
■ BUSINESS AUTO POLICY					
OTHER					
LIMIT OF LIABILITY	CLAIMS: Underwriter's	s representative for claims pursuant to this insurance.			
	Name:				
\$per accident, for bodily injury and property damage.	Address:				
	Telephone: ()			
In consideration of the premium charged and notwithstanding any inconsist hereafter attached thereto, it is agreed as follows:	stent statement in the policy	to which this endorsement is attached or any endorsement now or			
 INSURED. The City, its officers, officials, employees and volunteers a from: the ownership, operation, maintenance, use, loading or unloading for which the Named Insured is responsible. 					
 CONTRIBUTION NOT REQUIRED. As respects work performed by th policy shall: (a) be primary insurance as respects the City, its officers, of coverage excess of the Named Insured's primary coverage. Any insur- and volunteers shall be excess of the Named Insured's insurance and respectively. 	officials, employees and vol ance or self-insurance mair	lunteers; or (b) stand in an unbroken chain of			
CANCELLATION NOTICE. With respect to the interests of the City, th notice by receipted delivery has been given to the City.	is insurance shall not be ca	ancelled, except after thirty (30) days prior written			
 SCOPE OF COVERAGE. This policy affords coverage at least as broad If primary, Insurances Services Office form number CA0001 (Ed.1/ If excess, affords coverage which is at least as broad as the primar 	87), Code 1 ("any auto"); or				
Except as stated above nothing herein shall be held to waive, alter or exteattached.		ons, agreements or exclusions of the policy to which this endorsement is			
ENDORSEMENT HOLDER	AUTHORIZED REPRESENTATIVE	□ Broker / Agent □ Underwriter □			
CITY OF HEALDSBURG	REFRESENTATIVE	Bloker / Agent Blonderwhier B			
401 GROVE STREET	I	(print / type name),			
HEALDSBURG, CA 95448	warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.				
112/12/2016() 0/100110					
	Signature	(original signature required)			
	_ , , , ,	(original signature required)			
	Telephone () Date Signed			

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY SPECIAL ENDORSEMENT

For The City of Healdsburg (the City)

ENDORSEMENT NO.

ISSUE DATE (DD/MM/YYYY)

PRODUCER	POLICY INFORMATION	
	Insurance Company	
	Policy No:	
Telephone	Policy Period: (from)	(to)
NAMED INSURED	OTHER PROVISIONS	
CLAIMS: Underwriter's representative for claims pursuant to this insurance.	EMPLOYERS LIABILITY LIMITS	
Name:	\$	_(Each Accident)
Address:	\$	_(Disease - Policy Limit)
	\$	_(Disease - Each Employee)
Telephone: ()		
In consideration of the premium charged and notwithstanding any inconsis endorsement now or hereafter attached thereto, it is agreed as follows:	tent statement in the policy to which this endor	rsement is attached or any
CANCELLATION NOTICE. This insurance shall not be cancelled, except after	r thirty (30) days prior written notice by receipted of	delivery has been given to the City.
WAIVER OF SUBROGATION. This Insurance Company agrees to waive all volunteers for losses paid under the terms of this policy which arise from the work.		officials, employees and
Except as stated above nothing herein shall be held to waive, alter or extent this endorsement is attached.	nd any of the limits conditions, agreements or e	exclusions of the policy to which
ENDORSEMENT HOLDER	AUTHORIZED REPRESENTATIVE	Underwriter
	REPRESENTATIVE DIOREI / Agent D	Onderwinter L
CITY OF HEALDSBURG	I	(print / type name),
401 GROVE STREET HEALDSBURG CA, 95448	warrant that I have authority to bind the above and by my signature hereon do so bind this or	e-mentioned insurance company
	Signature	ature required)
		• ,
	Telephone () Date Signature	gned