



Insurance Certificate Submission Guide

PUBLIC WORKS

Engineering Services Division

pweccips@cityofpaloalto.org – 650.329.2151

To obtain a permit for working or placing a private facility in the public right-of-way or public property, it is necessary to file with the Public Works Engineering Services Division an approved insurance certificate prior to permit issuance. See reverse page for sample certificate.

COVERAGE REQUIREMENTS

Coverage Type	Requirement	Minimum Limits*	
		EACH OCCURRENCE	AGGREGATE
Comprehensive General Liability: INCLUDING: <ul style="list-style-type: none"> • Occurrence-based Coverage • Personal Injury • Broad Form Property Damage • Blanket Contractual 	Bodily Injury Property Damage	\$1,000,000 \$1,000,000	\$1,000,000 \$1,000,000
	Bodily Injury & Property Damage Combined	\$1,000,000	\$1,000,000
Comprehensive Automobile Liability**: INCLUDING: <ul style="list-style-type: none"> • Owned • Hired • Non-Hired 	Bodily Injury (Each Person)	\$1,000,000	
	Bodily Injury (Each Occurrence)	\$1,000,000	
	Property Damage	\$1,000,000	
	Bodily Injury & Property Damage Combined	\$1,000,000	

* These minimums may be raised for some permits based on the evaluation by the City Risk Manager.

** Automobile liability insurance is required for a Street Work Permit only.

- (A) **BEST'S KEY RATING GUIDE** Required insurance coverage shall be provided through carriers with a **Best's Key Rating of A:VII or higher** and are admitted to do business in the State of California. The certificate of insurance must be completed and executed by an authorized representative of the company providing insurance. This required insurance must be maintained for the life of the permit.
- (B) **ADDITIONAL INSURED** For the Comprehensive General Liability policy, provide an endorsement that explicitly names the city as additional insured with the following statement: **"The City of Palo Alto, its Officers, Officials, Employees, Agents and Volunteers are named additional insured"**. This statement must be placed on a CG 20 12 (*Additional Insured - State or Political Subdivision - Permits*). The form must state the policy number(s) to which it applies and be certified by an authorized insurance agent. Reference to this attachment must be provided on the face of the certificate.
- (C) **PRIMARY COVERAGE** An included endorsement and statement on the certificate specifying the following: **"This insurance is primary coverage and that any city insurance is excess coverage only"**.
- (D) **CERTIFICATE HOLDER** The City of Palo Alto, Public Works Engineering Services Division, 285 Hamilton Avenue Palo Alto CA 94301, must be named as Certificate Holder.
- (E) **CRANE WORK** Where work involves a crane, riggers coverage shall be provided in the amounts above.
- (F) **POLICY NUMBERS** Relevant policy numbers must be shown on the face of the certificate and all attachments.
- (G) **INSURED NAME** The insured shall be the same party as the applicant. If the application is made for a "d.b.a." name, that name must also appear on the certificate as an insured.
- (H) **CANCELLATION** The provision for 30 day notice to the City of Palo Alto for cancellation or change of coverage.
- (I) **EFFECTIVE PERIOD** There must be a definite period of applicability. "Open" or "continuous" are not acceptable expiration dates.
- (J) **INDEMNIFICATION** The liability insurance policy shall include a contractual liability endorsement providing insurance coverage for the Permittee's agreement to indemnify the City.

-- Please see reverse for sample certificate --



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 (Broker Name) (Broker Address) (Broker Phone Number)	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	A INSURER(S) AFFORDING COVERAGE	
INSURED G (Insured Entity Name) (Insured Entity Address)	INSURER A: (Underwriter Name)	
	INSURER B: (Underwriter Name, if applicable)	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hook Liability E <input checked="" type="checkbox"/> Over the road GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			F (Must be a number, not TBD)			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						I (Must be a date, not "open" or "continuous")
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

- B** The City of Palo Alto, its officers, officials, employees, agents, and volunteers are named additional insured.
- C** This insurance is primary and any city insurance is excess coverage only.

CERTIFICATE HOLDER

D City of Palo Alto
 Public Works Engineering Services
 285 Hamilton Avenue
 Palo Alto, CA 94301

CANCELLATION

H SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE