

## **18.0 INSURANCE**

### **18.1 Certificate of Insurance Procedures**

1. General and Auto Liability, and Workers' Compensation Insurance shall be a minimum of \$1 million coverage.
2. City of Highland shall be added as certificate holder and as additionally insured. See attached sample endorsement for proper acceptable wording. Also, please note this endorsement page will be attached to all certificates and must have an original authorized representative signature.
3. The "Cancellation" section of the insurance certificate shall be revised to read *"Should any of the above described policies be cancelled before the expiration date thereof, the issuing company **will** mail 30-day written notice to the certificate holder named"*.
4. City of Highland's Risk Manager will review all certificates of insurance; therefore, please allow at least two working days for issuance of any construction/grading permits.
5. The certificates shall be submitted to City of Highland, Engineering Department, 27215 Base Line, Highland, CA 92346.

# CERTIFICATE OF LIABILITY INSURANCE

Issue Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Producer: "SAMPLE ONLY" This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Companies Affording Insurance	NAIC
Insurer A:	
Insurer B:	
Insurer C:	
Insurer D:	
Insurer E:	

## COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, not withstanding 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	Policy Number	Policy Effective Date (mm/dd/yyyy)	Policy Effective Date (mm/dd/yyyy)	Limits	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claim <input type="checkbox"/> Occur General Aggregate Limit Applies <input type="checkbox"/> Policy <input type="checkbox"/> Proj. <input type="checkbox"/> Loc.				Each Occurrence	\$1,000,000
					Fire Damage (Any One Fire)	\$
					Med.Exp. (Any One Person)	\$
					Personal & ADV. Injury	\$
					General Aggregate	\$
					Products-Comp/Op	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Hired Autos <input type="checkbox"/> <input type="checkbox"/>				Combined Single Limit (Each Accident)	\$1,000,000
					Bodily Injury (Per Person)	\$
					Bodily Injury (Per Accident)	\$
					Property Damage (Per Accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/>				Auto Only (ea. Acc.)	\$
					Other Than Auto Only (Ea.Acc.)	\$
					Other Than Auto Only (Aggregate)	\$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention \$				Each Occurrence	\$1,000,000
					Aggregate	\$
						\$
						\$
	<b>WORKER'S COMPENSATION EMPLOYER'S LIABILITY</b> Any Proprietor/Partner/Executive Officer/Member Excluded? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, describe under special provisions below.				<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	\$
					E. L. Each Acc.	\$1,000,000
					E.L Disease- Ea. Employee	\$
					E.L. Disease- Policy Limit	\$
	<b>OTHER</b>					

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

See Attached Endorsements

### CERTIFICATE HOLDER

City of Highland, Engineering Department  
27215 Base Line, Highland, CA 92346

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder to the left.

Authorized Representative: \_\_\_\_\_

**SAMPLE ATTACHMENT  
EXHIBIT 1-B**

Policy Number: \_\_\_\_\_ (Commercial General Liability)

**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**

**City of Highland and their Officers, Officials, Agents, Employees, and Volunteers**

Engineering Department  
27215 Base Line  
Highland, CA 92346

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

Location and Operations:

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(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:

4. This insurance applies only with respect operations performed by you or on your behalf at the location designated and described in the schedule of this endorsement for which the state or political subdivision has issued a permit.
5. This insurance does not apply to:
  - a) "Bodily Injury", "property damage", "or personal and advertising injury" arising out of operations performed by the state or municipality.
  - b) "Bodily Injury", "property damage" included with the "products-completed operations hazard".

It is further agreed that such insurance as is afforded by this policy for the benefit of the Additional Insured shown in the schedule above shall be primary insurance as respects any claim, loss or liability arising out of the Named Insured's operations and any other insurance maintained by the Additional Insured shall be in excess and non-contributory with th insurance provided hereunder.

(x) \_\_\_\_\_  
Signature – Authorized Representative

\_\_\_\_\_  
Date