

TRAFFIC CONTROL TEMPLATES.

SEE PAGE 12 FOR INSURANCE REQUIREMENTS AND EXAMPLES.

Posted Speed	Formula	Buffer Space	Minimum Taper Lengths									Maximum *Cone Spacing		Sign Spacing ⚠	LIDG (Ft) ⚠
			10' Offset			11' Offset			12' Offset			Long.	Taper & LIDG		
			L	½ L	1/3 L	L	½ L	1/3 L	L	½ L	1/3 L				
			Merge	Shift	Shoulder	Merge	Shift	Shoulder	Merge	Shift	Shoulder				
25	$L = \frac{WS^2}{60}$	155'	104'	52'	35'	115'	57'	38'	125'	63'	42'	25'	13'	100' To 200'	94'
30		200'	150'	75'	50'	165'	83'	55'	180'	90'	60'	30'	15'	120' To 250'	113'
35		250'	204'	102'	68'	225'	112'	75'	245'	123'	82'	35'	18'	140' To 280'	131'
40		305'	267'	133'	89'	293'	147'	98'	320'	160'	107'	40'	20'	160' To 320'	150'
45	$L = WS$	360'	450'	225'	150'	495'	248'	165'	540'	270'	180'	45'	23'	360' To 540'	169'
50		425'	500'	250'	167'	550'	275'	183'	600'	300'	200'	50'	25'	400' To 600'	197'
55		495'	550'	275'	183'	605'	303'	202'	660'	330'	220'	50'	28'	440' To 660'	210'
60		570'	600'	300'	200'	660'	330'	220'	720'	360'	240'	50'	30'	480' To 720'	225'
65		645'	650'	325'	217'	715'	358'	238'	780'	390'	260'	50'	33'	520' To 700'	244'
70		730'	700'	350'	233'	770'	385'	257'	840'	420'	280'	50'	35'	560' To 820'	263'



Both are based on:

- 1.) 85th % or if not available, then use
- 2.) Posted Speed Limit (PSL)

L = Taper Length


S = Speed

W = Width (Offset from path of travel)


LIDG = Lateral Intrusion Deterrence Gap (Ref: Ontario Traffic Manual -Book 7)

* Cones shown on templates are illustration purposes only. Exact number of cones required shall be based on cone spacing, taper lengths, actual field conditions, etc...

REVISIONS			
REV.	DESCRIPTION	BY	DATE
1	-Delete Low/High Spd / Add LIDG / Revise Sign Spacing	GDK	2/14



REZA MOGHISSI, CHIEF
DEPARTMENT OF TRANSPORTATION



M & O TYPICAL TRAFFIC CONTROL PLANS

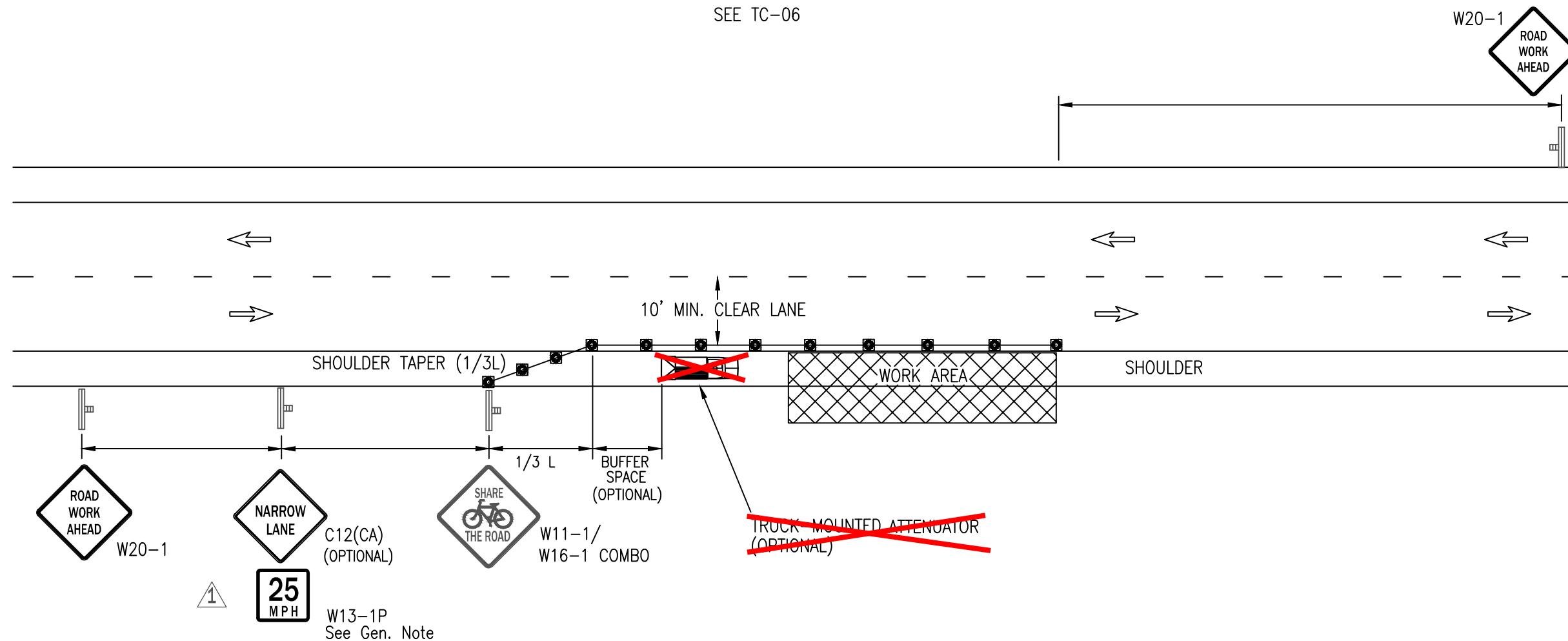
DEVICE SPACING TABLE

SIGN SPACING, TAPER LENGTH AND CONE SPACING TABLE

JOB NO. _____	SCALE HOR: N/A VER: N/A
TEMPLATE NAME TC-06	SHEET
DRAWN LB	TC-06
DESIGNED _____	
CHECKED SU/GK	OF 50 SHEETS
SHEET DATE 7/1/2010	

Include North Arrow, Site Address, Street Name, and fill out the table at the bottom right of this page.

FOR
SIGN SPACING
SEE TC-06



LEGEND

- CONE
- ARROW PANEL
- CHANGEABLE MESSAGE SIGN
- BARRICADE
- WORK AREA
- FLAGGER
- TRAFFIC DIRECTION
- SIGN

GENERAL NOTES

- See TC-05 for sign description. All warning signs shall have a black legend and border on an orange background unless otherwise noted on the drawing.
- See TC-06 for sign spacing, spacing of cones, taper and buffer lengths. Sign spacing may be increased and cone spacing may be decreased.
- Signs may not be substituted.
- Signs and Devices must be visible at 1000'.
- See Sheet TC-45 for pedestrian mitigation.
- Share The Road signage required when outermost lane plus paved shoulder is less than 14'.
- The W13-1P(25) shall be used when the lane adjacent to work is less than 11 feet and when the work is not protected by a fixed barrier.

COMPETENT PERSON

NAME _____

PHONE _____

POSTED SPEED LIMIT	*TAPER LENGTH	*SPACING OF CONES	*SIGN SPACING	*BUFFER LENGTH

* REFERENCE TABLES ON TC-06

Ensure this table is filled out.

REVISIONS

REV.	DESCRIPTION	BY	DATE
1	-Revise Gen Note	GDK	2/14

REZA MOGHISSI, CHIEF
DEPARTMENT OF TRANSPORTATION



M & O TYPICAL TRAFFIC CONTROL PLANS

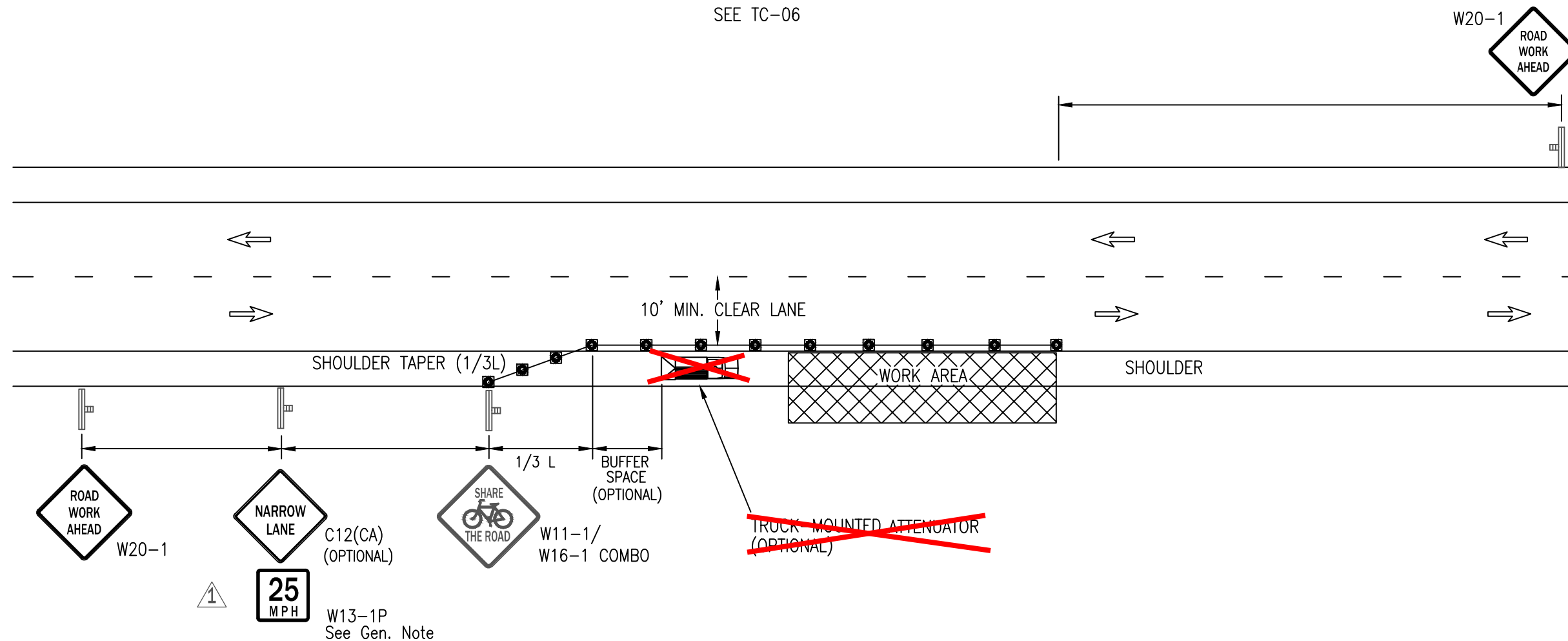
SHOULDER WORK
WITH MINOR ENCROACHMENT

JOB NO. _____
TEMPLATE NAME TC-26
DRAWN LB
DESIGNED _____
CHECKED SU/gk
SHEET DATE
7/1/2010

SCALE
HOR: N/A
VER: N/A
SHEET
TC-26
OF 50 SHEETS

Include North Arrow, Site Address, Street Name, and fill out the table at the bottom right of this page.

FOR
SIGN SPACING
SEE TC-06



LEGEND

- CONE
- ARROW PANEL
- CHANGEABLE MESSAGE SIGN
- BARRICADE
- WORK AREA
- FLAGGER
- TRAFFIC DIRECTION
- SIGN

GENERAL NOTES

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COMPETENT PERSON

NAME _____

PHONE _____

POSTED SPEED LIMIT	*TAPER LENGTH	*SPACING OF CONES	*SIGN SPACING	*BUFFER LENGTH
25	42'	13'	100'	155'

* REFERENCE TABLES ON TC-06

Table filled out for 25 MPH

REVISIONS

REV.	DESCRIPTION	BY	DATE
1	-Revise Gen Note	GDK	2/14

Reza Moghissi
REZA MOGHISSI, CHIEF
DEPARTMENT OF TRANSPORTATION



M & O TYPICAL TRAFFIC CONTROL PLANS

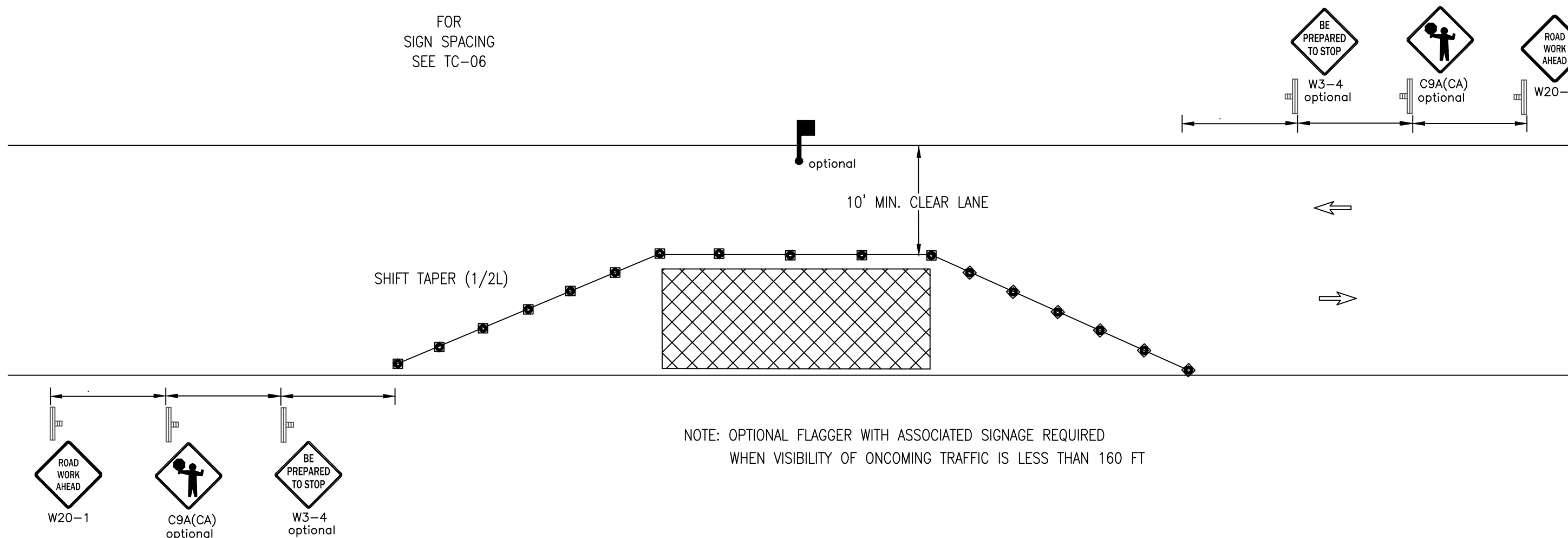
**SHOULDER WORK
WITH MINOR ENCROACHMENT**

JOB NO. _____
TEMPLATE NAME TC-26
DRAWN LB
DESIGNED _____
CHECKED SU/gk
SHEET DATE
7/1/2010

SCALE
HOR: N/A
VER: N/A
SHEET
TC-26
OF 50 SHEETS

Include North Arrow, Site Address, Street Name, and fill out the table at the bottom right of this page.

FOR
SIGN SPACING
SEE TC-06



NOTE: OPTIONAL FLAGGER WITH ASSOCIATED SIGNAGE REQUIRED
WHEN VISIBILITY OF ONCOMING TRAFFIC IS LESS THAN 160 FT

LEGEND

- CONE
- BARRICADE
- FLAGGER
- SIGN
- ARROW PANEL
- WORK AREA
- TRAFFIC DIRECTION
- CHANGEABLE MESSAGE SIGN

GENERAL NOTES

- See TC-05 for sign description. All warning signs shall have a black legend and border on an orange background unless otherwise noted on the drawing.
- See TC-06 for sign spacing, spacing of cones, taper and buffer lengths. Sign spacing may be increased and cone spacing may be decreased.
- Signs may not be substituted.
- Signs and Devices must be visible at 1000'.
- See Sheet TC-45 for pedestrian mitigation.
- Share The Road signage required when outermost lane plus paved shoulder is less than 14'.
- The W13-1P(25) shall be used when the lane adjacent to work is less than 11 feet and when the work is not protected by a fixed barrier.

COMPETENT PERSON

NAME _____

PHONE _____

POSTED SPEED LIMIT	*TAPER LENGTH	*SPACING OF CONES	*SIGN SPACING	*BUFFER LENGTH

* REFERENCE TABLES ON TC-06

Ensure this table is filled out.

REVISIONS			
REV.	DESCRIPTION	BY	DATE
1	-Revised Entire Sheet	GDK	2/14

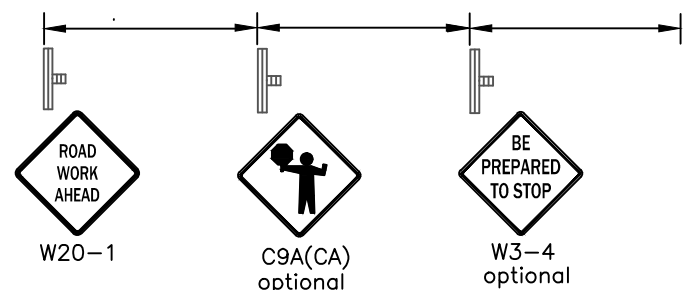
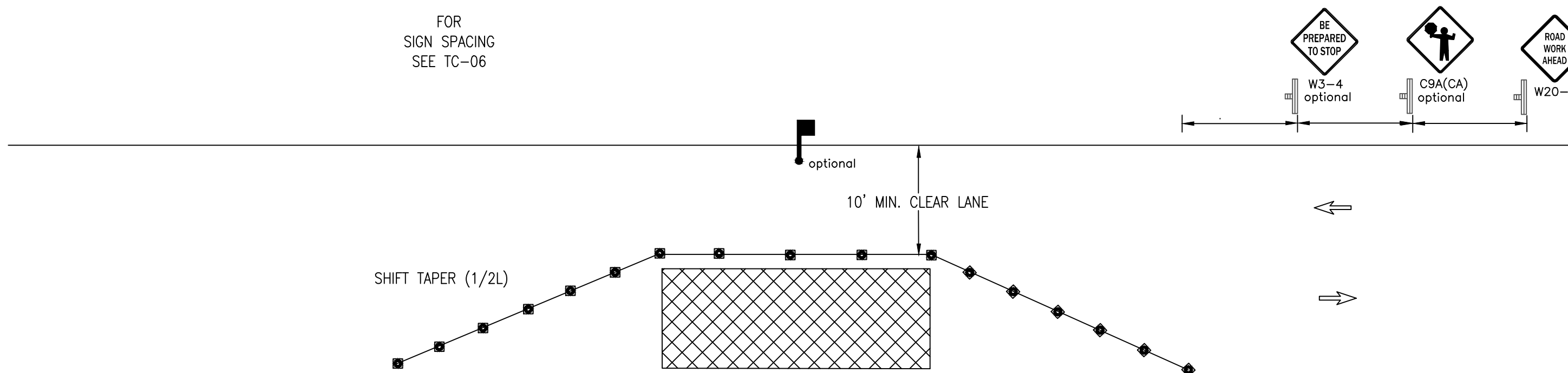
REZA MOGHISSI, CHIEF
 DEPARTMENT OF TRANSPORTATION

M & O TYPICAL TRAFFIC CONTROL PLANS
SIDE OF ROAD - WORK AREA
 TWO LANE TRAFFIC CONTROL
 WITHOUT CENTERLINE

JOB NO. _____	SCALE HOR: N/A VER: N/A
TEMPLATE NAME TC-07	SHEET
DRAWN LB	TC-07
DESIGNED _____	OF 50 SHEETS
CHECKED SU/GK	
SHEET DATE 7/1/2010	

Include North Arrow, Site Address, Street Name, and fill out the table at the bottom right of this page.

FOR
SIGN SPACING
SEE TC-06



NOTE: OPTIONAL FLAGGER WITH ASSOCIATED SIGNAGE REQUIRED
WHEN VISIBILITY OF ONCOMING TRAFFIC IS LESS THAN 160 FT

LEGEND

- CONE
- BARRICADE
- FLAGGER
- SIGN
- ARROW PANEL
- WORK AREA
- TRAFFIC DIRECTION
- CHANGEABLE MESSAGE SIGN

GENERAL NOTES

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- The W13-1P(25) shall be used when the lane adjacent to work is less than 11 feet and when the work is not protected by a fixed barrier.

COMPETENT PERSON

NAME _____



PHONE _____

POSTED SPEED LIMIT	*TAPER LENGTH	*SPACING OF CONES	*SIGN SPACING	*BUFFER LENGTH
25	52'	13'	100'	155'

* REFERENCE TABLES ON TC-06

Table filled out for 25 MPH

REV.	DESCRIPTION	BY	DATE
1	-Revised Entire Sheet	GDK	2/14

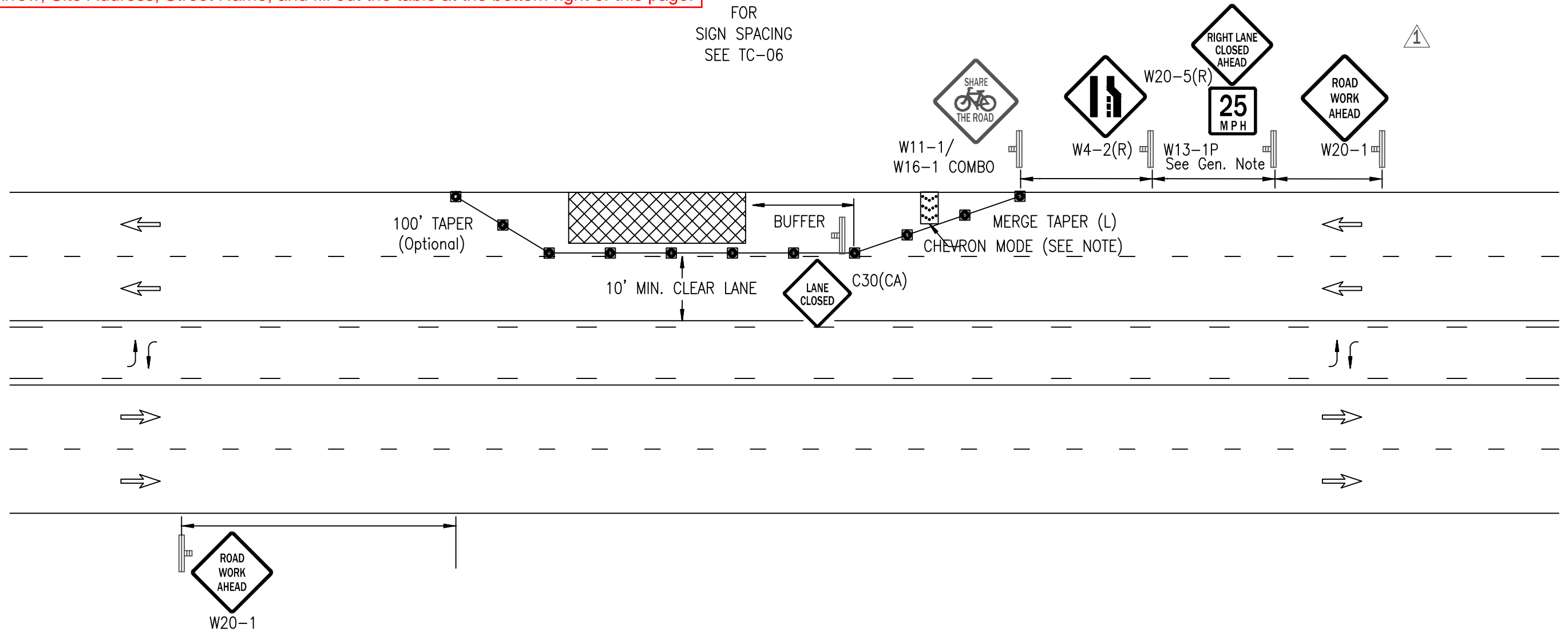

 REZA MOGHISSI, CHIEF
 DEPARTMENT OF TRANSPORTATION


M & O TYPICAL TRAFFIC CONTROL PLANS
SIDE OF ROAD - WORK AREA
 TWO LANE TRAFFIC CONTROL
 WITHOUT CENTERLINE

JOB NO. _____	SCALE HOR: N/A VER: N/A
TEMPLATE NAME TC-07	SHEET
DRAWN LB	TC-07
DESIGNED _____	OF 50 SHEETS
CHECKED SU/GK	
SHEET DATE 7/1/2010	

Include North Arrow, Site Address, Street Name, and fill out the table at the bottom right of this page.

FOR
SIGN SPACING
SEE TC-06



LEGEND

- CONE
- BARRICADE
- FLAGGER
- SIGN
- ARROW PANEL
- WORK AREA
- TRAFFIC DIRECTION
- CHANGEABLE MESSAGE SIGN

GENERAL NOTES

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COMPETENT PERSON

NAME _____

PHONE _____

POSTED SPEED LIMIT	*TAPER LENGTH	*SPACING OF CONES	*SIGN SPACING	*BUFFER LENGTH

* REFERENCE TABLES ON TC-06

Ensure this table is filled out.

REVISIONS

REV.	DESCRIPTION	BY	DATE
1	-Delete Spd Reduction / Rev. Gen. Notes	GDK	2/14

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DEPARTMENT OF TRANSPORTATION



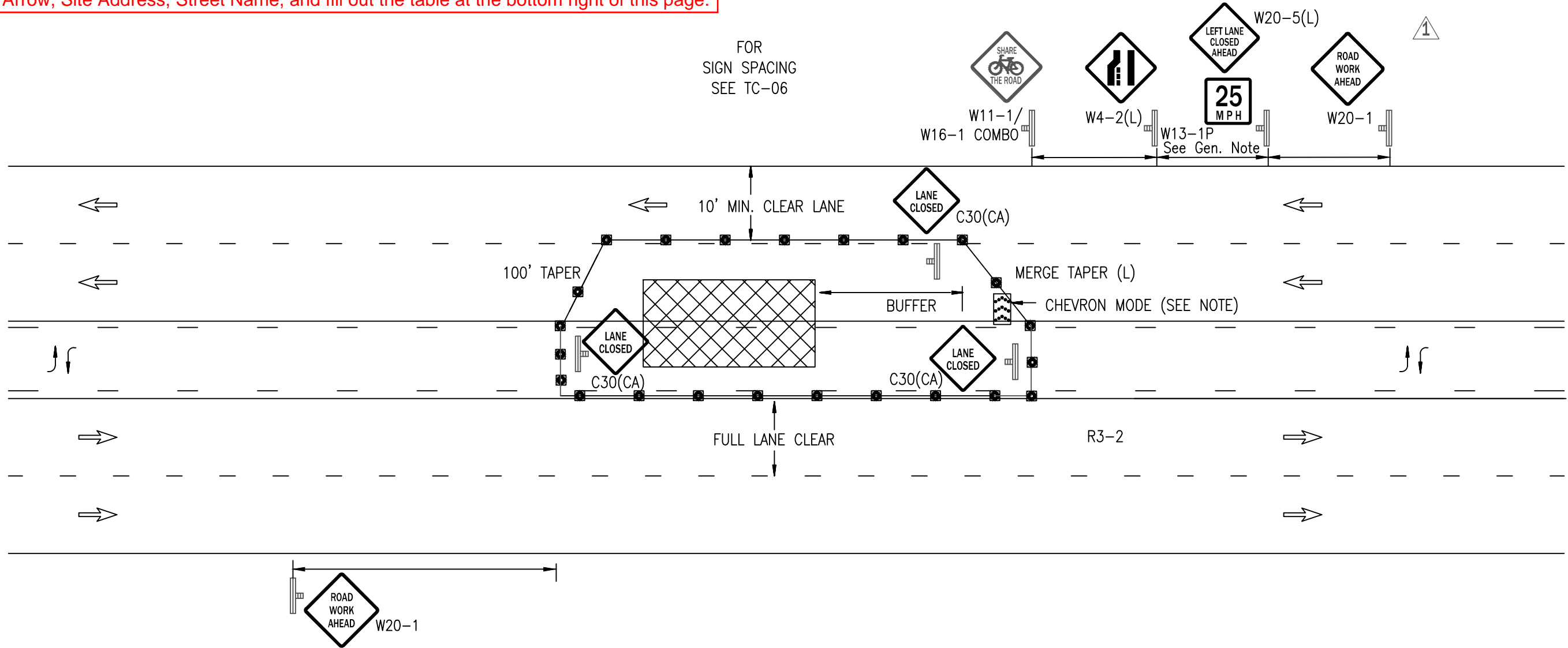
M & O TYPICAL TRAFFIC CONTROL PLANS

SIDE OF ROAD - WORK AREA
MULTILANE TRAFFIC CONTROL WITH TWO-WAY LEFT TURN
LANE - RIGHT LANE CLOSURE - TWO LANES

JOB NO. _____
TEMPLATE NAME TC-17
DRAWN LB
DESIGNED _____
CHECKED SU/GK
SHEET DATE
7/1/2010

SCALE
HOR: N/A
VER: N/A
SHEET
TC-17
OF 50 SHEETS

Include North Arrow, Site Address, Street Name, and fill out the table at the bottom right of this page.



LEGEND

- CONE
- BARRICADE
- FLAGGER
- SIGN
- ARROW PANEL
- WORK AREA
- TRAFFIC DIRECTION
- CHANGEABLE MESSAGE SIGN

GENERAL NOTES

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COMPETENT PERSON

NAME _____

PHONE _____

POSTED SPEED LIMIT	*TAPER LENGTH	*SPACING OF CONES	*SIGN SPACING	*BUFFER LENGTH

* REFERENCE TABLES ON TC-06

Ensure this table is filled out.

REV.	DESCRIPTION	BY	DATE
1	-Delete Spd Reduction / Rev. Gen. Notes	GDK	2/14

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DEPARTMENT OF TRANSPORTATION

M & O TYPICAL TRAFFIC CONTROL PLANS
CENTER OF ROAD - WORK AREA
MULTILANE TRAFFIC CONTROL WITH TWO-WAY LEFT TURN
LANE - LEFT LANE CLOSURE - TWO LANES

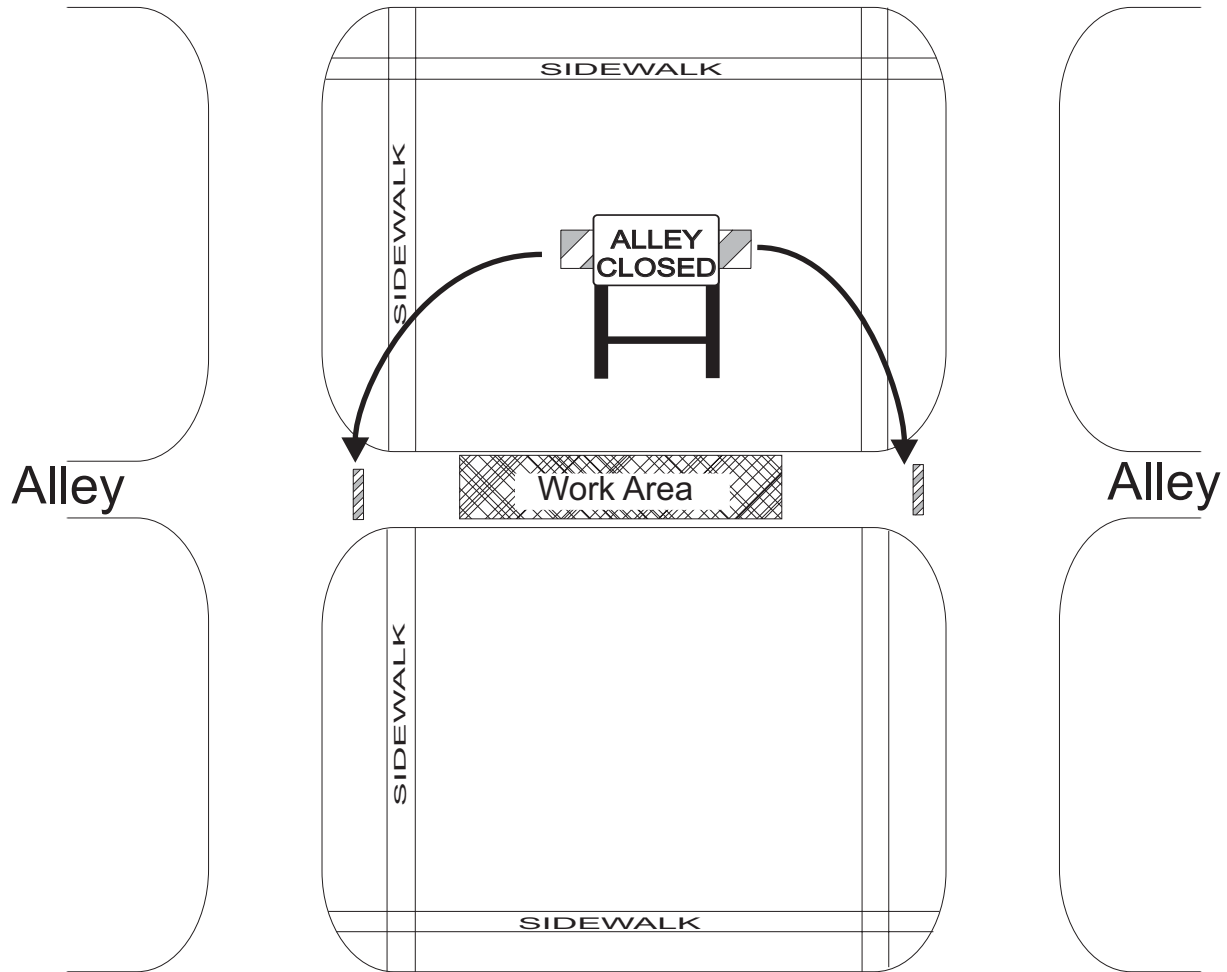
JOB NO. _____	SCALE HOR: N/A VER: N/A
TEMPLATE NAME TC-20	SHEET
DRAWN LB	TC-20 OF 50 SHEETS
DESIGNED _____	
CHECKED SU/GK	
SHEET DATE 7/1/2010	

Traffic Control - Full Alley Closure

*Contractor must resolve all local access and safety issues.

*Contractor must give notice to all local residents and businesses prior to alley closure.

*All barricades, cones, and signs must be in accordance with the latest edition of the Manual on Uniform Traffic Control Devices.



Indicate North On Plan

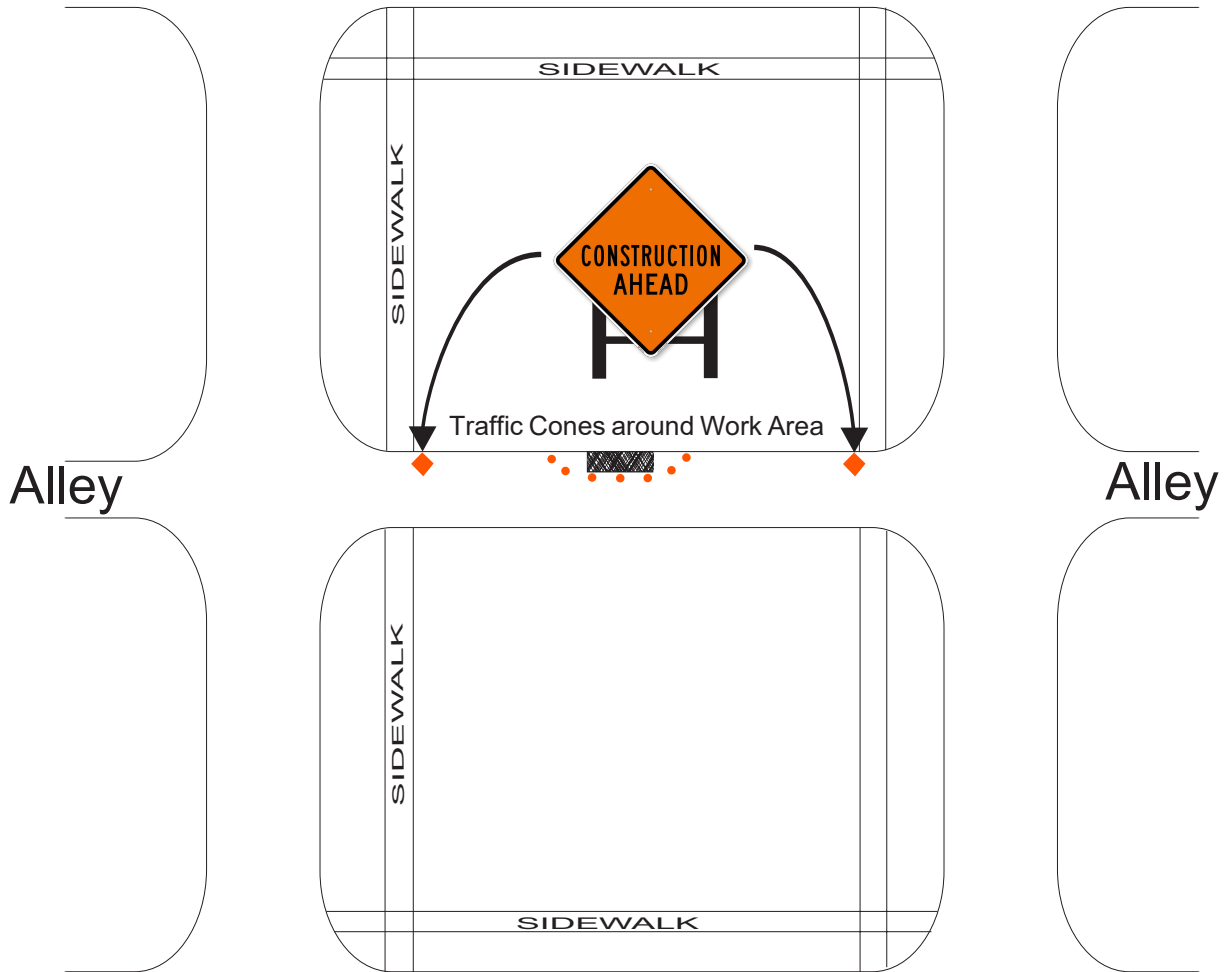
Drawing Not to Scale

Traffic Control - Partial Alley Closure

*Contractor must resolve all local access and safety issues.

*Contractor must give notice to all affected local residents and businesses prior to alley closure.

*All barricades, cones, and signs must be in accordance with the latest edition of the Manual on Uniform Traffic Control Devices.



Indicate North On Plan

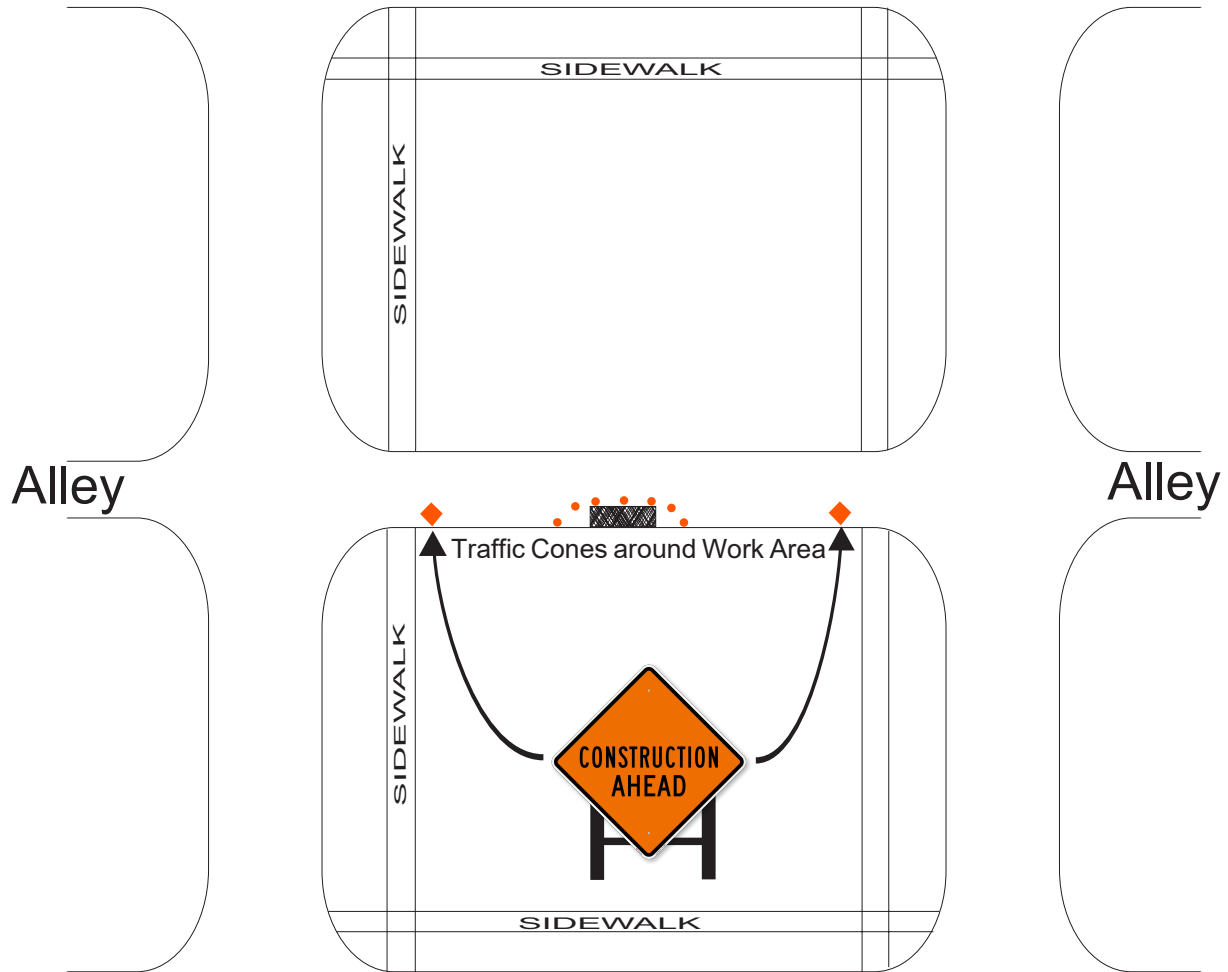
Drawing Not to Scale

Traffic Control - Partial Alley Closure

*Contractor must resolve all local access and safety issues.

*Contractor must give notice to all affected local residents and businesses prior to alley closure.

*All barricades, cones, and signs must be in accordance with the latest edition of the Manual on Uniform Traffic Control Devices.

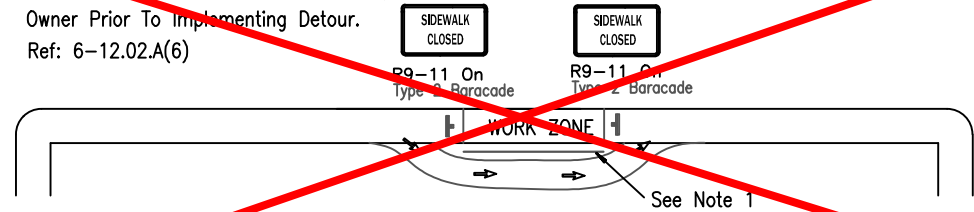


Indicate North On Plan

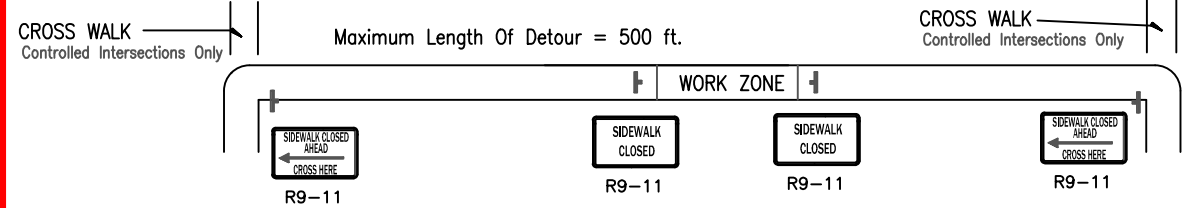
Drawing Not to Scale

TCP - SIDEWALK CLOSURE

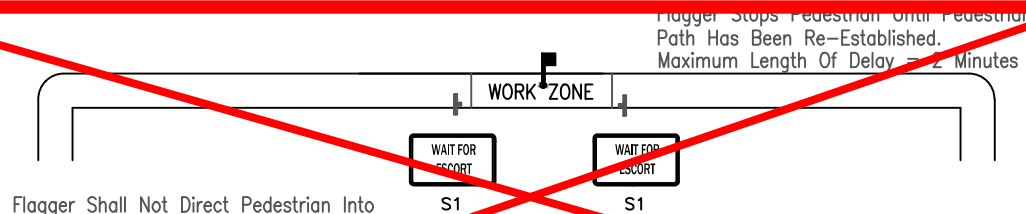
Obtain Written Permission From Property Owner Prior To Implementing Detour.
Ref: 6-12.02.A(6)



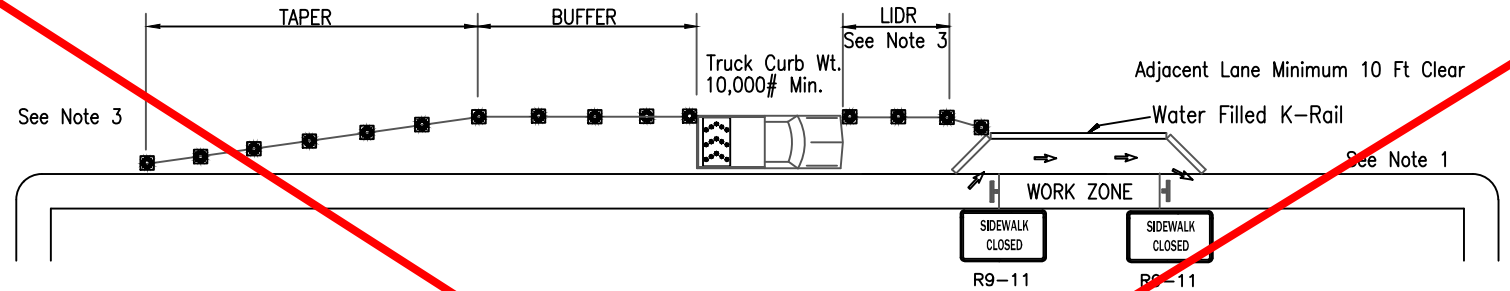
DETOUR ONTO PRIVATE PROPERTY
(PREFERRED OPTION)



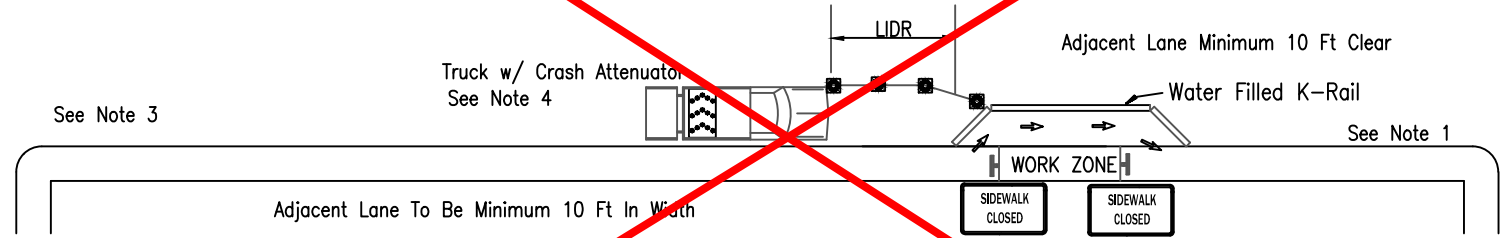
DETOUR TO OTHER SIDE OF ROAD
(CONTROLLED INTERSECTIONS OR ON RESIDENTIAL ROADWAYS ONLY)



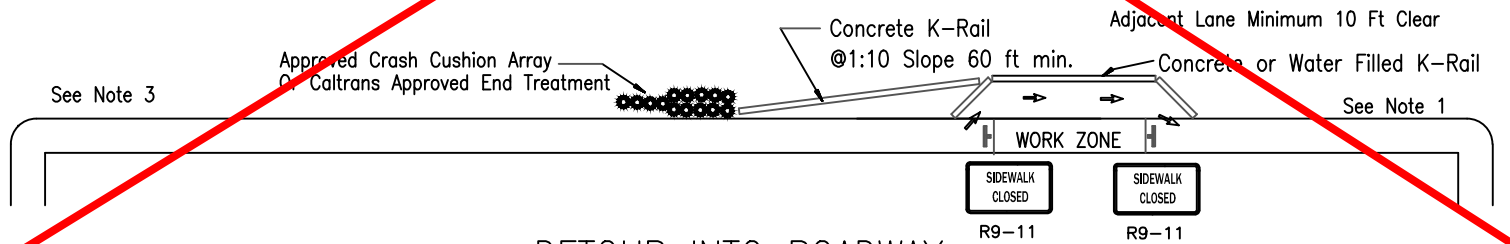
FLAGGED PEDESTRIAN CONTROL
(ACCEPTABLE OPTION)



SHORT TERM DETOUR INTO ROADWAY - OPTION 1
(ACCEPTABLE WHEN CONDITIONS ALLOW)



SHORT TERM DETOUR INTO ROADWAY - OPTION 2
(ACCEPTABLE WHEN CONDITIONS ALLOW)



DETOUR INTO ROADWAY
(ACCEPTABLE WHEN CONDITIONS ALLOW)

PEDESTRIAN CONTROL TEMPLATE NOTES

- ① Provide barrier to separate public from work during non working hours.
- ② See sheet TC-06 for LIDG requirements.
- ③ Provide appropriate advance warning signage for work.
- ④ Truck w/ crash attenuator shall conform to requirements included in NCHRP350.
- ⑤ Implemented pedestrian controls must conform to requirements included on all other traffic control sheets.

COMPETENT PERSON

NAME _____

PHONE _____

POSTED SPEED LIMIT	*TAPER LENGTH	*SPACING OF CONES	*SIGN SPACING	*BUFFER LENGTH
N/A	N/A	N/A	N/A	N/A

* REFERENCE TABLES ON TC-06

LEGEND

- CONE
- ARROW PANEL
- CHANGEABLE MESSAGE SIGN
- BARRICADE
- WORK AREA
- FLAGGER
- TRAFFIC DIRECTION
- SIGN

GENERAL NOTES

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- Share The Road signage required when outermost lane plus paved shoulder is less than 14'.
- The W13-1P(25) shall be used when the lane adjacent to work is less than 11 feet and when the work is not protected by a fixed barrier.
- Use of Traffic Control devices for crash attenuation shall be approved for use by Caltrans NCHRP350 testing and be listed on the Caltrans approved products list.

REV.	DESCRIPTION	BY	DATE
1	-New Sheet	GDK	2/14

Reza Moghissi
REZA MOGHISSI, CHIEF
DEPARTMENT OF TRANSPORTATION

M & O TYPICAL TRAFFIC CONTROL PLANS
MOVING TRAFFIC CONTROL
PEDESTRIAN CONTROL
TYPICAL VARIATIONS

JOB NO. _____	SCALE HOR: N/A VER: N/A
TEMPLATE NAME TC-45.1	SHEET
DRAWN GK	TC-45.1
DESIGNED _____	
CHECKED GK	OF 50 SHEETS
SHEET DATE 1/1/2014	

INSURANCE REQUIREMENTS

CITY OF SACRAMENTO
HUMAN RESOURCES DEPARTMENT
R I S K M A N A G E M E N T



ENCROACHMENTS & DRIVEWAY PERMITS REQUIREMENTS FOR CERTIFICATES OF INSURANCE

- 1) The City of Sacramento requires all certificates of insurance to be submitted on a standard Accord form or on the insurance company's letterhead. The City does not accept declaration pages. The certificate of insurance must be signed by a legitimate agent.
- 2) The amount of insurance must meet the minimum limits of liability coverage, **General Liability - \$500,000 Combined Single Limit**, set forth in Resolution 81.845.
- 3) The City of Sacramento must be listed as a certificate holder.
- 4) "The City of Sacramento, its officials, agents, employees & volunteers" must be named additional insured with respects to general liability. An additional insured endorsement must accompany the certificate of insurance.
- 5) The insurance company must have an A.M Best Guide rating of A-VII or better.
- 6) The City of Sacramento requires a valid policy number to be provided by an insurance company that meets the requirements listed above. The City does not accept "binder numbers", "pending", "TBD", "to follow", "to be announced".
- 7) The City requires a 30 day written notice of cancellation to be designated on the certificate of insurance.
- 8) The issue date must be provided on the certificate of insurance as well as the policy's effective and expiration dates.
- 9) For businesses, the company name must be listed. (For example, Smith's Construction or John Smith, Doing Business As Smith's Construction)

If you have any questions on the above, please contact the Risk Management Office at (916) 808-5556.

05/22/07 ml

915 "I" Street, 4th Floor • Sacramento, CA 95814-2604 • Phone 916.808.5278 • Fax 916.808-5160

www.cityofsacramento.org

An Equal Opportunity Employer



EXAMPLE: ACORD FORM

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 have ADDITIONAL INSURED provisions or 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 <hr/>	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):														
INSURED <hr/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A:															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: W2828849

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR XCU, Contractual Liab & Broad Form Prop Damage Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	00000001X	04/01/20XX	04/01/20XX	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ SIR \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$500,000 minimum (Typically \$1 Million)

Policy must be active.

\$500,000 minimum (Typically \$1 Million)

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

CERTIFICATE HOLDER

CANCELLATION

City of Sacramento
 c/o EXIGIS LLC
 P.O. Box 947
 Murrieta, CA 92564

City of Sacramento listed as certificate holder. EXIGIS is a representative of the City.

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

EXAMPLE: ADDITIONAL INSURED ENDORSEMENT

Policy Number: 00000001X

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Policy number
matches A cord Form

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
ALL PERSONS OR ORGANIZATIONS WITH WHOM YOU HAVE ENTERED INTO A WRITTEN CONTRACT OR AGREEMENT, PRIOR TO AN "OCCURRENCE" OR OFFENSE, TO PROVIDE ADDITIONAL INSURED STATUS	ALL LOCATIONS AS REQUIRED BY A WRITTEN CONTRACT OR AGREEMENT ENTERED INTO PRIOR TO AN "OCCURRENCE" OR OFFENSE

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or