



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 OF ACCORD FORM

ATTACHMENT 1



INTEGRATED INSURANCE & FINANCIAL SERVICES

Certificate of Liability Insurance (Annotated Form)

2 This notice confirms the provisions of the California Insurance Code, §384. Other states have similar provisions. It states that the policy, not the certificate governs coverage.

CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY)
IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS IS NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.			
If certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the issue of such endorsement(s).			
PRODUCER This block identifies the Agent or Broker.	CONTACT NAME: _____ PHONE (City, No. Ext): _____ FAX (City, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: _____ INSURER B: _____ 3 _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____		
INSURED The insured is your entity's contractor or lessee.	The insurer will be identified here. The insurer letter appears again near the left margin at "3" to show which insurer provides which coverage.		
COVERAGES CERTIFICATE 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 HAVE BEEN REDUCED BY PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL. SUBR. (MBO) (WVD) (PC)	LIMITS
*3	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	6	MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPOUND \$ _____ COMBINED SINGLE LIMIT (See schedule) \$ _____
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PERJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		LIABILITY (Per person) \$ _____ LIABILITY (Per accident) \$ _____ PROPERTY DAMAGE (Per occurrence) \$ _____ CURRENTCE \$ _____ DATE \$ _____ RATE \$ _____ ACCIDENT \$ _____ SE - EA EMPLOYEE \$ _____ EL. DISEASE - POLICY LIMIT \$ _____
	AUTOMOBILE LIABILITY <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-OWNED AUTOS		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, specify under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCORD 101, Additional Remarks Schedule, may be)		
9	This section will usually be used to restrict coverage to a specific job or lease. Watch for restrictions that would omit the coverage required by your specifications.		
	These sections show the type of coverage provided through the agent or broker identified in "1" above. If the insured uses more than one broker, this certificate will not identify all existing.		
	These two columns show inception and expiration dates for policies identified. Pay special attention that coverage does not expire before or during your project or lease.		
	This column identifies limits per occurrence and aggregate for each type of coverage afforded. Pay special attention to low aggregate limits for public works-type contractors. Losses on other jobs may reduce your coverage.		
CERTIFICATE HOLDER Certificate holder is your entity.		CANCELLATION Cancellation provisions	
10		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE HEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	
12		The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.	

ACORD 25 (2014/01)

The A

All rights reserved.

EXAMPLE OF ADDITIONAL INSURED ENDORSEMENT

ATTACHMENT 2



INTEGRATED INSURANCE & FINANCIAL SERVICES

Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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
"The CITY OF SACRAMENTO, its officials, employees, and volunteers"	
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.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

CG 20 10 04 13

© Insurance Services Office, Inc., 2012

Page 1 of 2