



City of Palo Alto
 Public Works Engineering
 Phone: 650/329-2151 FAX: 650/329-2240
 www.CityofPaloAlto.org

Insurance Certificate Submission Guidelines for Public Works Permits

In the City of Palo Alto, to obtain a permit for working or placing a private facility in the public right-of-way or public property, it is necessary to have placed on file in the CPA Public Works Engineering Division an approved "certificate of insurance of a responsible and solvent corporation authorized to issue a policy of insurance under the laws of the State of California that it has issued to or for the benefit of such applicant a public liability policy or policies" (PAMC 2.08.120). **All insurance coverage required shall be provided through carriers with a Best 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, filed with the City, and approved by the City before the permit will be considered complete and issuable. This required insurance must be maintained for the life of the permit.

THE FOLLOWING INSURANCE COVERAGE IS REQUIRED FOR THESE PERMITS:

TYPE OF COVERAGE	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 *Permit for Construction in the Public Street* only.

- A. The required insurance certificate shall be provided using the ACORD 25-N form or approved equivalent.
- B. The City of Palo Alto, Public Works Engineering Division must be named as Certificate Holder.
- C. Provide for the Comprehensive General Liability policy, 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 have the wet signature of an authorized insurance agent. Reference to this attachment must be provided on the face of the certificate.
- D. The insured to 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.
- E. There must be a definite period of applicability. "Open" or "continuous" are not acceptable expiration dates.
- F. Relevant policy numbers and a wet signature must be shown on the face of the certificate and all attachments.
- G. 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"***.
- H. The provision for thirty (30) days notice to the City of Palo Alto for cancellation or change of coverage.
- I. The liability insurance policy shall include a contractual liability endorsement providing insurance coverage for the Permittee's agreement to indemnify the City.
- J. Where work involves a crane, riggers coverage shall be provided in the amounts above.

The completed certificate may be returned to the City of Palo Alto, Public Works-Engineering @ 285 Hamilton Avenue, Palo Alto, CA 94301. Fax copies are accepted for permit issuance but a wet-signed copy of the acceptable Certificate must be sent in the mail the same day.

An Example of an Acceptable Insurance Certificate Submission:

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER (Broker Name) (Broker Address) (Broker Phone #)	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.	
INSURED (Insured Entity Name) (Insured Entity Address)	INSURERS AFFORDING COVERAGE INSURER A: (Underwriter Name) INSURER B: (Underwriter Name, if applicable) INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	(Must be a number not TBD)		(Must be a date not "open" or "continuous")	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
B		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	(Must be a number not TBD)		(Must be a date not "open" or "continuous")	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS 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 \$
		OTHER				

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

→ The City of Palo Alto, its Officers, Officials, Employees, Agents and Volunteers are named additional insured.

→ This insurance is primary coverage and any City insurance is excess coverage only.

CERTIFICATE HOLDER	CANCELLATION
City of Palo Alto Public Works Engineering Division 285 Hamilton Ave Palo Alto, CA 94301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE (Wet signature of authorized representative only)

Return the completed Certificate to the City of Palo Alto, Public Works-Engineering, 285 Hamilton Avenue, Palo Alto, CA 94301. Fax copies are accepted for permit issuance but a wet-signed copy of the acceptable Certificate must be sent in the mail the same day.