

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)
<p>THIS 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 IDENTIFIED IN THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OF PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>If the 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 benefit of such endorsement(s).</p>				
PRODUCER This block identifies the Agent or Broker. 1		CONTACT INFORMATION CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____		
INSURED The insured is your entity's contractor or lessee. 4		INSURER(S) INSURER A: 3 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____ 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. 5				
TRMT LTR *3	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____ 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, describe under DESCRIPTION OF OPERATIONS below	INSURER INSD WWD PO	LIMITS MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMPROP AGG \$ _____ COMBINED SINGLE LIMIT \$ _____ LIABILITY (Per person) \$ _____ LIABILITY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____ CURRENT \$ _____ ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____	6 This notice again states that the policy supersedes the certificate form. 7 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.
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.		8 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.		
10 Certificate holder is your entity.		11 Cancellation provisions		
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.		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: _____		

Insurance Checklist / Verification of Coverage

Contractor Name: _____

Project Name: _____

Department: _____ Who has Contract? _____

Reviewed by: _____ Date: _____

Review the attached annotated Certificate of Insurance (COI) and endorsements for reference numbers (REF #).

1. Certificate(s) of Insurance – First Glance

Yes	No	Description	REF. #	Comments
		The insured name is the same as Contractor named in the Contract.	4	
		Member agency is listed as the Certificate Holder	10	
		The Description of Operations and locations are accurate for the project scope in the contract.	9	
		Evidence provided for each type of insurance required in the contract (e.g., Commercial General Liability (CGL), Auto Liability, Workers' Compensation with Statutory Limits, and Professional Liability, Cyber Liability or E&O per the contract specifications) Separate “property certificate” for Builder’s Risk	6	
		Policies dates fall within the job dates and are current. Alarms/reminders have been set to request updated insurance.	7	
		If Excess or Umbrella Coverage – dates are concurrent with primary policies?	7	
		All insurers A.M. Best ratings meet or exceed the minimum requirements of A: VII - Link: AM BEST	3	
		The COI contains an authorized signature.	11	

2. Coverages – Diving Deeper

General Liability (Pollution Liability - if applicable):

Yes	No	Description	REF. #	Comments
		Commercial General Liability is on an “occurrence” basis, not “claims made.”	6	
		Limits are at least as high as the minimum required in the contract.	8	
		If limits are not met by the primary CGL, is there an excess policy that increases the limits? Request: The Excess Policy Declarations (DEC) page with schedule of underlying policies – find the primary policy listed in the schedule.	8	
		No self-insured retention (SIR) on liability policies. Any must be disclosed and approved.	6	

Auto Liability

Yes	No	Description	REF. #	Comments
		The limits are at least \$1M	8	
		Covers “any auto” (or non-owned & hired if contractor has no autos)	6	

Worker’s Compensation:

Yes	No	Description	REF. #	Comments
		Provides Statutory Limits & Employers’ Liability of at least \$1M.	8	
		Is the contractor the sole proprietor (LLC, Partnership), and do not carry Worker’s Comp?	n/a	If YES, get a signed the “Sole Proprietor Letter - statement” prior to beginning any work.

Excess/Umbrella Liability:

Yes	No	Description	REF. #	Comments
		Are the limits needed to meet the required CGL limit. Request the Declarations (DEC) page plus...	8	
		Schedule of Underlying Insurance was provided AND lists the CGL with matching policy numbers	n/a	

Other Coverages: Professional & Builder’s Risk – if applicable

Yes	No	Description	REF. #	Comments
		Builder’s Risk – Certificate of Evidence – Limit equal to contract price.	6,8	
		Professional - Evidence only – Limits are at least as high as the minimum required in the contract.	6,8	

**Checklist for
Additional Insured Endorsement**

Contractor Name _____

Project Name: _____

3. Endorsement(s) - Deepest Dive

- Additional Insured (AI) Status – COMMERCIAL GENERAL LIABILITY** - Member Water Agency, its directors, officers, employees, or authorized volunteers are named as additional insureds - as broad as following forms: -

Circle the endorsements received:

Most Contracts – Ongoing Operations only

- VERY GOOD: **CG 20 10 10 01** editions
- GOOD: **CG 20 10 07 04** Edition
- OK, not preferred: **CG 20 10 04 13** Edition

Construction – Ongoing & Completed Operations

Endorsements apply to CGL, Auto & Pollution Liability

- BEST: **CG 20 10 11 85**
- VERY GOOD: BOTH **CG 20 10** and **CG 20 37; 10 01** editions
- GOOD: BOTH **CG 20 10** and **CG 20 37; 07 04** Edition
- OK, not preferred: BOTH **CG 20 10** and **CG 20 37; 04 13** Edition
- If large number of Subcontractors - Additional Insured endorsement **CG 20 38 04 13** recommended.

“Blanket” Endorsement - (no specific policy number) covering one or more of the above endorsements required with words "as required by written contract/agreement" – look for key words (**Ongoing & Completed Operations**)

Policy numbers - matches policy number shown on Certificate of Insurance OR request Declaration Page with scheduled of /Endorsements.

Primary Coverage – The primary/non-contributory language is included. “The insurance provided by this policy shall be primary as respects any claims related to the _____ Project. Any insurance, self-insurance, or other coverage maintained by the Member Water Agency its directors, officers, employees, and authorized volunteers shall not contribute to it.” **e.g., Form CG 20 01 MM YY**

- Auto liability** (Optional) AI - most standard forms have automatic AI but some carriers provide endorsement.
- Waiver of Subrogation (Workers Compensation**
- Builder’s Risk - Course of Construction, if required in contract) – Endorsed with Agency as Loss Payee**
- Contractor’s Pollution (scope includes environmental hazards:)** Policy Endorsed with Additional Insured Wording (see Endorsement numbers above in CGL)