

Checklist for Contracts & Evidence of Insurance

Contractor Name (1) _____
 Project Name: _____
 Written Contract: Y / N Signed paper or electronic: _____
 Where is Contract _____
 Who has custody of Contract: _____ ?

Refer to the Certificate on the following page (Annotated Form) as a guide.

All Certificate(s) of Insurance:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A	Description
			Insured name is the same as Contractor named in the contract. (4)
			The insurer's A.M. Best and ratings meet or exceed the minimum requirements of A: VII. (3 & *3)
			Evidence provided for each type of insurance required in the contract Commercial General Liability, Auto Liability, Workers' Compensation with Statutory Limits, and Professional Liability or E&O; Contractor's Pollution per the contract specifications) (5)
			Policies dates fall within the job dates and are current and will be suspended (tickler filed) for renewal follow-up if the contract period runs beyond the policy expiration date (6)
			Limits are at least as high as the minimum required in the contract. (7)
			Excess liability policies have coverage periods concurrent with primary policies. (6)
			No self-insured retention (SIR) on liability policies. Any must be disclosed & approved.
			Descriptions of operations, locations, etc. are correct (All operations at all locations for Member Agency – acceptable). (8)
			Cancellation Provisions – (9)
			Certificate Holder (Member Water Agency) is correct, with attention to correct person. (10)
			The Certificate of Insurance contains an authorized signature. (11)

General Liability:

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Description
			General liability is on an "occurrence" basis, not "claims-made." (5)
			If a construction contractor, supplier/vendor, Products Liability/Completed Operations Insurance is provided; and is double the per occurrence limit. (7)
			An Additional Insured Endorsement for the General Liability Coverage is attached. (See Endorsement Checklist)

Auto:

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Description
			Auto liability covers "any auto" (or non-owned & hired if contractor has no autos). (5)

Workers' Compensation:

<input type="checkbox"/> Yes	<input type="checkbox"/> No		Description
			Workers Compensation provides Statutory Limits & Employers' Liability of \$1 million (7)
			Endorsement for Waiver of Subrogation is included. (5)

Certificate of Liability (Annotated Form)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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 COVERED HEREIN. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

NOTE: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

1 This block identifies the Agent or Broker.

CONTACT NAME:	
PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:	
ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
NAIC #	
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

4 The insured is your entity's contractor or lessee.

CERTIFICATE NUMBER:

3 The insurer will be identified here. The insurer letter appears again near the left margin at ***3** to show which insurer provides which coverage.

EXCLUSIONS AND CONDITIONS

ALL POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED UNDER THE SAME POLICY PERIOD. ANY REQUIREMENT, TERM OR CONDITION OF ANY COVERAGE MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED BELOW. LIMITS SHOWN MAY HAVE BEEN REDUCED BY OTHER POLICIES WHICH THIS CERTIFICATE IS SUBJECT TO.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	PG (MM)	COVERAGE	AMOUNT
	GENERAL LIABILITY				EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE				MED EXP (Any one person)	\$
	OCCUR				PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
						\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	SCHED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	NON-O AUTOS					\$
	HIRED AUTOS					\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
	UMBRELLA LIAB				WC STATU-TORY LIMITS	\$
	EXCESS LIAB				E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					\$

***3**

5 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, separate certificates will be issued.

6 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

8 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.

7 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

CANCELLATION

Cancellation provisions

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

ACORD 25 (2010/05)

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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.

Checklist for Additional Insured Endorsement

Contractor Name _____

Project Name: _____

Endorsement(s)

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

Most Contracts

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

Construction:

- o BEST: **CG 20 10 11 85**
- o VERY GOOD: BOTH **CG 20 10** and **CG 20 37; 10 01** editions
- o GOOD: BOTH **CG 20 10** and **CG 20 37; 07 04** Edition
- o OK, not preferred: BOTH **CG 20 10** and **CG 20 37; 04 13** Edition
- o 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".
- Policy numbers** - matches policy number shown on Certificate of Insurance. (see **Optional Dec.** Page/Endorsement pages below)
- 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 and Property)**

For construction projects:

- 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)
- Self-Insured Retention (SIR) / Deductibles** – need to be disclosed: If SIR exists on Commercial General Liability coverage; the carrier shall endorse that the self-insured retention may be satisfied by either the named insured or the **Member Water Agency**.

For extra confidence in verifying coverage:

Request Declaration Page and Endorsement Schedule pages - compare the endorsement numbers.

Excess liability policies – request Declaration Page and schedule of underlying policies and compare to the primary policies.