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 ndl

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

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.

1 This block identifies the Agent or Broker.

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

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

5 This notice again states that the policy supersedes the certificate form.

6 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.

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.

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.

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.

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.
EXAMPLE OF ADDITIONAL INSURED ENDORSEMENT

ATTACHMENT 2

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

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s)</th>
<th>Location(s) Of Covered Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;The CITY OF SACRAMENTO, its officials, employees, and volunteers&quot;</td>
<td></td>
</tr>
</tbody>
</table>

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;
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 or a part of the same project.

CG 20 10 04 13 © Insurance Services Office, Inc., 2012 Page 1 of 2


122