



City of Irwindale
Insurance Requirement Guidelines

The City of Irwindale requires a Certificate of Insurance (COI) with the following minimum coverage:

1. General Liability Insurance with limits of:
 - (a) \$1 million per occurrence
 - (b) \$2 million general aggregate
2. Workers' Compensation with limits of \$1 million
 - (a) This is required if the insured has paid employees
3. The Certificate Holder section must reflect:

City of Irwindale
5050 N. Irwindale Avenue
Irwindale, CA 91706
4. Endorsement Certificate:
 - (a) In addition to the certificate of insurance, the City of Irwindale requires an Additional Insured Endorsement page stating the following:

The policy is endorsed naming the City of Irwindale, its elected officials, representatives, employees and agents” as Additional Insured.

The policy is endorsed with the Waiver of Subrogation in favor of the City of Irwindale, its elected officials, representatives, employees and agents.
 - (b) The actual Endorsement Certificate must be attached to the Certificate of Insurance.
 - (c) Listing the City as an additional insured on the Certificate of Insurance is not sufficient without the endorsement certificate.
5. Insurance policy must be issued by an admitted insurer licensed to transact business in the State of California and by an insurer assigned an A.M. Best Rating of "Excellent" or better.
6. For events and facility rentals, liquor liability insurance is required if alcohol will be consumed at the event.

Instructions

- #1 Verify that the Name Insured matches Independent Contractor's name on the contract
- #2 Look up the rating of the insurance companies listed on this website:
<http://www3.ambest.com/MemberCenter/MemberCenter.aspx>
- #3 The Commercial General Liability coverage box should have an "X" in the OCCUR box. The blank lines underneath should show any deductible or retention.
- #4 This section should have an "X" and an endorsement certificate should be attached.
- #5 This section should have an "X" and an endorsement certificate should be attached.
- #6 Verify that the policy period shown covers the contract term.
 - If it does not cover the contract term, request a new certificate.
 - If the contract lasts beyond the expiration date, make sure to follow up with the contractor to get a new certificate before the current one expires.
- #7 Limits should at least be:
 - \$1 million per occurrence
 - \$2 million general aggregate
 - \$1 million Products -Completed Operations Aggregate
- #8 Automobile Liability coverage
 - One of the boxes should be checked
 - Check to make sure policy period the same as the General Liability
- #9 Limit should at least be \$1 million per accident
- #10 Either the Umbrella box or the Excess Liability box should be checked.
 - The limits should be as required in the contract
- #11 The "OCCUR" box should be checked.
- #12 The limit should at least be:
 - \$1 million each accident
 - \$1 million disease-each employee
 - \$1 million disease-policy limit
- #13 This line should be used for specialty liability coverages, such as professional liability.
- #14 Should state:
The policy is endorsed naming the City of Irwindale, its elected officials, representatives, employees and agents" as Additional Insured.
The policy is endorsed with the Waiver of Subrogation in favor of the City of Irwindale, its elected officials, representatives, employees and agents.
 - All endorsements should be attached to the Certificate.
- #15 Should show: City of Irwindale, 5050 N. Irwindale Avenue, Irwindale, CA 91706



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

IMPORTANT: 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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED 1	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE 2	
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION 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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE 3 OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	4	5		6		EACH OCCURRENCE \$ 7 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	8 AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 9 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	10 UMBRELLA LIAB 11 OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 12 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	13						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

14 **Attachments: Additional Insured / Waiver of Subrogation Primary, Non-contributory / Cancellation**

CERTIFICATE HOLDER 15	CANCELLATION
	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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED 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)
<p style="text-align: center; font-size: 2em; opacity: 0.3; transform: rotate(-30deg);">SAMPLE</p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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 your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.**

WAIVER OF SUBROGATION ENDORSEMENT

Additional Insured: **City of Irwindale, its elected officials, representatives, employees and agents**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

In consideration of the premium charged, it is agreed that as respects Additional Insureds covered under this policy by endorsement, we waive our right to subrogate against the Additional Insured where the Named Insured has waived its right of subrogation against such Additional Insured as part of a written contract with the Named Insured and only where the claims, suits and/or damages in question arise out of the sole negligence of the Named Insured. This waiver afforded shall not apply to claims, suits and/or damages arising in whole or in part out of the acts, omissions, and/or negligence of the Additional Insured.

However, this waiver does not apply in any jurisdiction or situation where such waiver is held to be illegal.

All other terms and conditions of the policy remain unchanged.