



Insurance Requirements for Encroachment Permits

Working in the public right-of-way requires specific insurance to protect the City of Campbell. The attached checklist is used by City staff to verify the insurance provided meets all of the requirements. Please review that checklist and the attached sample insurance certificate to ensure your insurance certificate can be approved in a timely manner.

The encroachment permit cannot be issued without an approved insurance certificate.

Top 6 Issues with Submitted Insurance Certificates

These are the common issues we see again and again with submitted insurance certificates that fail review and must be revised and resubmitted:

- Certificate Holder is incorrect (should always be the City of Campbell)
- Missing Language – see language in description of operations on attached sample certificate
- Project Address and Encroachment Permit Number are missing from Certificate
- Missing Waiver of Subrogation for Workmans Comp
- NAIC #'s for insurers are missing
- Insurer does not meet A.M. Best Rating of A:VII

Bonus Item that has become more common lately:

- Cannot verify that Insurer(s) are eligible to conduct business in California

Staff uses the California Department of Insurance website and the Surplus Line Insurer (LASLI) Lookup website to verify that insurers are authorized to transact business in California. If we cannot verify using either of those websites, then the insurance agent will need to provide an e-mail that the insurer is authorized to transact business in California.

For more information contact the Public Works Department at (408) 866-2150 or PublicWorks@campbellca.gov

INSURANCE REQUIREMENTS CHECKLIST

Permit # _____

CIP Project # _____

Consultant/Contractor: _____

The following insurance is required of all consultants/contractors working in the City of Campbell public right-of-way. Insurance certificates must be accepted by City staff before work can begin. These insurance requirements apply to work being performed under an Encroachment Permit and work being performed under contract for Capital Improvement Projects.

Limits

Commercial General Liability for bodily, personal injury and property damage:

- \$1,000,000 per occurrence, and
- \$1,000,000 general aggregate limit applying separately to the project, or
- \$2,000,000 general aggregate limit.
- Policy expiration date _____

Automotive Liability:

- "Any Auto" checked on certificate
- \$1,000,000 per accident for bodily injury and property damage
- Policy expiration date _____

Workers' Compensation and Employer's Liability

- Waiver of Subrogation clause
- \$1,000,000 per accident for bodily injury or disease
- Policy expiration date _____

Course of Construction (if required in Special Provisions)

- Completed value of the project
- Policy expiration date _____

Required Endorsements to General Liability and Automobile Liability Policies

Additional Insured Endorsement:

- The City, its officers, employees and volunteers are named as additional insured.
(Reference Project Location/Permit Number)
 - The insurance coverage afforded to the Additional Insured is primary insurance.

Cancellation area should say:

Should any of the above-described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

Workers' Compensation Insurance Sheet Submitted

- For General Contractor
- For Developer or Owner

Acceptability of Insurer(s)

- Insurer(s) has current A.M. Best Rating of A:VII and is authorized to transact business in the State of California.

Name: _____ NAIC # _____ Rating: _____ Authorized in CA: _____

Name: _____ NAIC # _____ Rating: _____ Authorized in CA: _____

Name: _____ NAIC # _____ Rating: _____ Authorized in CA: _____

Name: _____ NAIC # _____ Rating: _____ Authorized in CA: _____

- Campbell Business License # _____ Expiration: _____

- Contractors License # _____ Class: _____ Expiration: _____

Insurance Certificate Reviewed _____
Initials Date

- Copy of Insurance Certificate placed in tickler file one month prior to expiration.



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 have **ADDITIONAL INSURED** provisions or 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	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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		N/A				<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

City of Campbell, its officers, employees and volunteers are named as additional insured.

The insurance coverage afforded to the Additional Insured is primary insurance.

All work in the public right-of-way. **Reference Project Location and Permit Number.**

CERTIFICATE HOLDER**CANCELLATION**

City of Campbell
 70 N. First St.
 Campbell, CA 95008

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

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS
ENDORSEMENT - CALIFORNIA
(BLANKET WAIVER)

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

The additional premium for this endorsement shall be ----- % of the California workers' compensation premium.

Schedule

Person or Organization

Job Description

ANY PERSON OR ORGANIZATION FOR WHICH THE INSURED HAS AGREED BY WRITTEN CONTRACT EXECUTED PRIOR TO LOSS TO FURNISH THIS WAIVER.

CITY OF CAMPBELL
70 N. FIRST ST.
CAMPBELL, CA 95008

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.