Sample Insurance Certificates
Appendix E

Note: Sample form in this appendix is provided for convenience of reference by developers and contractors.

Insurance Certificate Requirements.

- Certificates of insurance required from the contractor contracted to complete the site/street/utility work. Insurance certificates shall include notations or language noting the coverage limits listed on the sample certificate included herein.
- Evidence of insurance coverage submitted on current "ACORD" forms *(or other insurance certificate containing the same information)* shall EITHER include a statement that "30 days cancellation notice will be provided"; OR the Contractor's insurance agent shall provide a written letter *(to be submitted with the insurance certificates)* stating that copies of insurance certificates will be sent to the City a minimum of every 30 days, throughout the term of the required insurance under the contract.

- The City and Westech Engineering *(as City Engineer)* shall be covered as additional insured.
    - The insurance certificate and/or separate Accord schedule(s) may include language certifying that "any and all entities required by written contract or by required permits are additional insureds", OR all of the required "additional insured" entities may be listed individually on the insurance certificate.
    - Any permit or authorization to procced with construction issued by the City is considered to be a "written contract" for purposes of triggering "additional insured" coverage of the City and City Engineer under the Contractor's required insurance policy(s) *(including insurance certificates provided by subcontractors)*.
- The City is to be named as a certificate holder.
- Where work is to be performed in an ODOT or County right-of-way, these agencies shall be covered as additional insured and certificate holders per agency permit requirements.

- Insurance certificates shall include notations, language or additional schedule(s) specifically noting job site pollution coverage, and specifically noting that liability insurance does NOT exclude Explosion, Collapse, and Underground (XCU) coverages *(no XCU exclusion)*, with the exception that exclusions for blasting operations are acceptable for insurance covering projects which do not include or allow blasting.
- Coverage shall be primary and non-contributory with any other insurance and self-insurance. Policies shall be written on an occurrence basis, and include coverage for respective officers, directors, members, partners, employees, agents, consultants and subconsultants of each additional insured.

- Evidence of Worker's Compensation coverage from the contractor or subcontractor performing the site/street/utility work.
    - Any contractor indicating that they are exempt from worker's compensation coverage requirements shall provide detailed documentation substantiating that they meet all of the criteria established by the Workers' Compensation Division, as well as providing information on who will be providing Workers Compensation coverage for any leased employees planned to be used on the project.

ACORD®

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):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

SAMPLE

COVERAGES **CERTIFICATE NUMBER:** Cert ID 207788 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY	Y					DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 10,000
	X Job Site Pollution						PERSONAL & ADV INJURY	$ 1,000,000
	X No XCU Exclusions						GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO	Y					BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	X UMBRELLA LIAB X OCCUR	Y					EACH OCCURRENCE	$ Per Supplemental Conditions
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ Per Supplemental Conditions
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

Additional Insured

Any and all entities required by written contract or permit are additional insured(s); coverage will be primary and non-contributory.

CERTIFICATE HOLDER

City of Dayton
PO Box 339 ~ 416 Ferry Street
Dayton, OR 97114-0339

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