Checklist

Commercial General Liability Insurance

- 1 Must be an ACORD Form
- Insurance will be on an "occurrence." not a "claims made," basis
- · Policy number clearly stated
- Effective start and end dates
- · Coverage limits meet, at minimum, \$1,000,000 per occurrence and \$2,000,000 in general aggregate
- · City of Santa Clarita is clearly stated as the certificate holder, with address: 23920 Valencia Boulevard Santa Clarita. Ca 91355

Additional Insured Endorsement

- Must accompany **Commercial General** Liability insurance certificate
- · City of Santa Clarita is clearly stated as the certificate holder
- Policy number must match certificate

Worker's Compensation

• Statutory requirement

Waiver of Subrogation

 Must accompany Worker's Compensation certificate

INSURANCE



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Santa Clarita, CA 91355			ia Boulev	ard								

AU	dditional Insured Endorsement
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This Endorse	ement Changes The Policy. Please Read It Carefully.
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WAIVER OF SUBROGATION SAMPLE (REQUIRED WITH WORKERS CO	MP POLICY
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY	WC 04 0 4
WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORN	IA
We have the right to recover our payments from anyone liable for an injury covered by this policy. We wright against the person or organization named in the Schedule. (This agreement applies only to the perform work under a written contract that requires you to obtain this agreement from US.)	
You must maintain payroll records accurately segregating the remuneration of your employees while endescribed in the Schedule.	gaged in the work
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WHERE YOU ARE REQUIRED BY WRITTEN CONTRACT TO OBTAIN THIS AGREEMENT FROM US, PROVIDED THE CONTRACT IS SIGNED AND DATED PRIOR TO THE DATE OF THE LOSS TO WHICH THE WAYPER APPLES. IN NO INSTANCE SHALL THE PROVISIONS AFFORDED BY THIS ENDORSEMENT BENEFIT ANY COMPANY OPERATING AIRCRAFT FOR HIRE.

POLICY NUMBER MUST MATCH WORKERS COMP POLICY NUMBER

(661) 250-3715 ContractClasses@santaclarita.gov SantaClarita.gov/ContractClass



Commercial General Liability Insurance

DATE (MI

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDE.

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).

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	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
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	23920 Valencia Bouleva									
	Santa Clarita, CA 91355	5		AUTHORIZED REPRESENTATIVE						

Additional Insured Endorsement

Policy Number:

2

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED –OWNERS, LESSEES OR CONTRACTORS –PRIMARY AND NONCONTRIBUTORY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:	
City of Santa Clarita 23920 Valencia Boulevard Santa Clarita, CA 91355	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A.Section II –Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B.With respect to the insurance afforded to these additionalinsureds, the following exclusion is added:

2. Exclusions

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 site 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 as a part of the same project.

If the contract between the additional insured and you requires that the insurance afforded by this policy be primary and noncontributory, this insurance shall be primary and noncontributory but only as to the general liability policy(ies) where that additional insured is listed as the named insured on the declaration page(s) of such policy(ies).

All other terms and conditions of this policy remain unchanged.



Worker's Compensation Certificate

DATE (M)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDS.

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).

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WAIVER OF SUBROGATION SAMPLE (REQUIRED WITH WORKERS COMP POLICY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—CALIFORNIA

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. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from US.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be ___*__% of the California workers' compensation premium otherwise

due on such remuneration. Schedule **Person or Organization Job Description**

> WHERE YOU ARE REQUIRED BY WRITTEN CONTRACT TO OBTAIN THIS AGREEMENT FROM US, PROVIDED THE CONTRACT IS SIGNED AND DATED PRIOR TO THE DATE OF THE LOSS TO WHICH THE WAIVER APPLIES. IN NO INSTANCE SHALL THE PROVISIONS AFFORDED BY THIS **ENDORSEMENT BENEFIT ANY COMPANY** OPERATING AIRCRAFT FOR HIRE.

*The premium charge for this endorsement shall be X% of the premium developed in the State of California, but not less than X policy minimum premium.

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.)

(Policy No.) (123456789) Endorsement Effective 02/01/2020 20 Endorsement No. Insured Policy Effective Date CONTRACTOR NAME

Insurance Company 02/01/2020 NAME OF INSURANCE COMPANY

Countersigned By

WC 04 03 06 (Ed. 4-84)

> POLICY NUMBER MUST MATCH WORKER'S COMPENSATION POLICY NUMBER