

# INSURANCE



## 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

2

**Policy Number:** 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 Blvd., Suite 300 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 11 - 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 additional insureds, 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.

### Additional Insured Endorsement

2

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

GEA 104025 1100

**WAIVER OF SUBROGATION SAMPLE (REQUIRED WITH WORKERS COMP POLICY)**  
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY** WC 04 04 (EG 4)

**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.

Person or Organization	Schedule	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 1% of the premium developed in the State of California, but not less than 1% 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.)  
Endorsement Effective: 02/01/2020 Policy No.: 123456789 Endorsement No.: 20  
Insured: CONTRACTOR NAME  
Insurance Company: NAME OF INSURANCE COMPANY Policy Effective Date: 02/01/2020

WC 04 03 06 (EG 4-04) Countersigned By \_\_\_\_\_

**POLICY NUMBER MUST MATCH WORKERS COMP POLICY NUMBER**

### Worker's Compensation

3

- Statutory requirement

### Waiver of Subrogation

4

- Must accompany Worker's Compensation certificate

(661) 250-3715

ContractClasses@santaclarita.gov

SantaClarita.gov/ContractClass



# Additional Insured Endorsement

2

Policy Number:

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:  <b>City of Santa Clarita</b> <b>23920 Valencia Boulevard</b> <b>Santa Clarita, CA 91355</b>	
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(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.



**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.)

Endorsement Effective	02/01/2020	(Policy No.)	123456789	Endorsement No.	20
Insured	CONTRACTOR NAME			Policy Effective Date	
Insurance Company	NAME OF INSURANCE COMPANY			02/01/2020	

Countersigned By \_\_\_\_\_