



COSTA MESA SANITARY DISTRICT

290 Paularino Ave., Costa Mesa, California 92626
(949) 645-8400

To: Consultants/Contractors:

PLEASE GIVE THESE REQUIREMENTS TO YOUR INSURANCE AGENT

The Costa Mesa Sanitary District (CMSD) requires certificates of workers' compensation, general liability, automobile, and if necessary, professional errors and omissions insurance before you can begin work for CMSD. All certificates must contain the following:

- Workers' Compensation** – Minimum policy limit requirements are \$1,000,000 bodily injury by disease; and \$1,000,000 bodily injury each employee for accident or disease per occurrence. If you have no employees, you must sign a Declaration of Non-employee Status form available from the District. In lieu of a certificate of insurance, a certificate of Consent to Self-Insure issued by the California Director of industrial Relations is also acceptable.
- General Liability** – Minimum policy limit requirement is \$1,000,000 combined single limit coverage with insurance designated “per occurrence.” Insurance must include coverage for ongoing operations and completed operations. The insurance carrier providing the commercial general liability policy must have an AM Best Rating of A- or better and be an admitted carrier in the State of California or an approved Surplus Line Insurer from California Department of Insurance.
- Automobile Liability** – Minimum policy limit requirement is \$1,000,000 combined single limit coverage with insurance designated “per occurrence.” The “**Any Auto**” box must be checked.
- Professional Errors and Omissions (if necessary)** – Minimum policy limit that is appropriate to the profession.
- Description of Operations** – The following wording must be added to the policy: “All operations: Costa Mesa Sanitary District, their elected and appointed officials, agents, officers, volunteers, and employees listed as Additional Insured – Pursuant to attached endorsement.”
- Change in Coverages** – The following wording must be added to the policy by endorsement: “Said policy shall not terminate, nor shall it be canceled nor the coverage reduced, until thirty (30) days after written notice is given to the District.”
- Excess and Non-contributing** – The following wording must be added to the policy by endorsement: “Any other insurance maintained by the Costa Mesa Sanitary District shall be excess and non-contributing with the insurance provided by this policy.”
- Additional Insured Endorsement** – (for General Liability, Automobile only). This must be a separate attachment naming the District as additional insured. The endorsement must include the policy number and the wording of the additional insured must be exact, stating: “The Costa Mesa Sanitary District, its elected and appointed officials, agents, officers, volunteers and employees are additional insureds.” ISO Form CG 20 12 07 98, or a comparable equivalent must be used.



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	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input checked="" 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) \$ 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/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 WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Costa Mesa Sanitary District, their elected and appointed officials, agents, officers, volunteers, and employees listed as Additional Insured - Pursuant to attached endorsement.

CERTIFICATE HOLDER

CANCELLATION

Costa Mesa Sanitary District
 290 Paularino Avenue
 Costa Mesa, CA 92626

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

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