



CHIEF EXECUTIVE OFFICE
Risk Management Division

1010 10TH Street, Suite 5900, Modesto CA 95354
Phone: 209.525.5710 Fax: 209.525-5779

To: Department representative involved with procurement and insurance
From: Purchasing and Risk Management
Subject: Insurance Checklist
Date: September 14, 2014

The attached Insurance Checklist is intended to assist you in ensuring that all required insurance documents are obtained prior to submitting for approval. We have included the correct wording required on the various documents in an attempt to facilitate communication with the vendor and / or insurance broker.

Section 1 is for you to ensure the insurance carrier information meets the minimum requirements of the County.

Section 2 is the documents that the insurance company will provide to you.

Section 3 items may or may not be pertinent to your everyday needs. Please contact Risk Management or Purchasing if you have any questions regarding this section.

You may wish to forward a copy of this checklist directly to the vendor and ask that they, in turn, forward it to their insurance agent / broker. Our hope is that you will receive exactly what is listed on the checklist so that the insurance submittal and Purchase Order processes are smooth and efficient.

Please note that the final use of the checklist is for you to ensure that all of the required documents have been obtained and insurance verifications have been completed. It serves as a cover sheet to be included with your submission. Missing documents will necessitate multiple submissions and delay approval and issuing of Purchase Order.

To expedite the process, you may wish to suggest to your vendor(s) that they register with GSA Purchasing on the Public Contract / Public Vendor site –

<http://www.stancounty.com/purchasing/vendor-registration.shtm>

Registration will provide advance notice of the insurance requirements to the vendors, and allow them to receive notice of any upcoming opportunities to bid.

Contractor:

Project /Req # :

INSURANCE CHECKLIST

	Section 1 Department Complete	General Liability	Auto	Workers' Comp
1	NAIC # of insurers is provided on certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Best's rating of no less than A-, and Financial Size Category of at least VII*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Carrier is admitted/licensed to issue insurance in California (CA)* or on the Ca. Approved LASLI list**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Policy limits of insurance meet requirements in the agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Expiration date of policy is six months or more into the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Deductibles/self-insured retention are declared and approved or waived by County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Section 2 Insurance Broker			
7.	Certificate Holder is "Stanislaus County" or "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Policy numbers on all Endorsements or, provide a copy of the Declarations Page(s) to show which endorsements are attached to the various policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Additional Insured (AI) Endorsement naming "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers" or a blanket endorsement as required by written agreement	<input type="checkbox"/>	<input type="checkbox"/>	N/A
10	Waiver of subrogation endorsement included. (see AI wording above)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Primary and Non-Contributory Endorsement. (see AI wording above)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
12	30 day notice of cancellation included. (see AI wording above)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Section 3 Check with Risk Management			
13	Professional Liability if on claims made basis retroactive date is prior to the contract date & continues into future	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14	Is Fire / Builders Risk Insurance a requirement ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes ***
15	Is a Waiver of Insurance Requirements required ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes ***

RESOURCE HELP:

*To check insurers: <http://www.3.ambest.com/consumers/consumersearch.aspx?bl=36>

**Approved surplus line insurance (LASLI) carrier acceptable if no CA carrier writes the insurance, see <http://www.insurance.ca.gov/0100-consumers/0030-licensee-info/0031-surplus-lines/lasli.cfm>

Note: County Counsel approval required if carrier is reinsured.

*** Check with Risk Management for details

FOR COUNTY USE ONLY

Surety Bonds Required? If Yes specify type(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Reviewer Signature:	Date:	
Title:		

EXHIBIT B

Insurance Required for Most Contracts

(Not for Professional Services or Construction Contracts)

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than One Million Dollars (\$1,000,000) per incident or occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** If the Contractor or the Contractor's officers, employees, agents, representatives or subcontractors utilize a motor vehicle in performing any of the work or services under the Agreement Insurance Services Office (ISO) Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than One Million Dollars (\$1,000,000) per accident for bodily injury and property damage and transportation related pollution liability.
3. **Workers' Compensation** Insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.

If the contractor maintains broader coverage and/or higher limits than the minimums shown above, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

Application of Excess Liability Coverage: Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The County, its officers, officials, employees, agents and volunteers are to be covered as additional insureds on the CGL and Auto policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in

connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (**at least** as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; **and** CG 20 37 if a later edition is used).

Primary Coverage

For any claims related to this contract, the Contractor's insurance coverage shall be primary coverage **at least** as broad as ISO CG 20 01 04 13 as respects the County, its officers, officials, employees, agents and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, agents or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

Reporting

Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the County or its officers, officials, employees, agents or volunteers.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the County.

Waiver of Subrogation

Contractor hereby grants to County a waiver of any right to subrogation (except for Professional Liability) which any insurer of said Contractor may acquire against the County by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the County has received a waiver of subrogation endorsement from the insurer.

Self-Insured Retentions

Self-insured retentions must be declared to and approved by the County. The County may require the Contractor to purchase coverage with a lower retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or County.

Acceptability of Insurers

Insurance is to be placed with California admitted insurers (licensed to do business in California) with a current A.M. Best's rating of no less than A-VII, however, if no California admitted insurance company provides the required insurance, it is acceptable to provide the required insurance through a United States domiciled carrier that meets the required Best's rating and that is listed on the current List of Approved Surplus Line Insurers (LASLI) maintained by the California Department of Insurance.

Claims Made Policies

If any of the required policies provide claims-made coverage:

1. The Retroactive Date must be shown, and must be before the date of the contract or the beginning of contract work.

2. Insurance must be maintained and evidence of insurance must be provided for **at least** five (5) years after completion of the contract of work.
3. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of five (5) years after completion of work.

Verification of Coverage

Contractor shall furnish the County with a copy of the policy declaration and endorsement page(s), original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All **certificates and endorsements are to be received and approved by the County before work commences**. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that County is an additional insured on insurance required from subcontractors.

Special Risks or Circumstances

County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

Insurance Limits

The limits of insurance described herein shall not limit the liability of the Contractor and Contractor's officers, employees, agents, representatives or subcontractors. Contractor's obligation to defend, indemnify and hold the County and its officers, officials, employees, agents and volunteers harmless under the provisions of this paragraph is not limited to or restricted by any requirement in the Agreement for Contractor to procure and maintain a policy of insurance.

[SIGNATURES SET FORTH ON THE FOLLOWING PAGE]

_____ Exempt from Auto – I will not utilize a vehicle in the performance of my work with the County.

_____ Exempt from WC – I am exempt from providing workers' compensation coverage as required under section 1861 and 3700 of the California Labor Code.

I acknowledge the insurance requirements listed above.

Print Name: _____ Date: _____

Signature: _____ Date: _____

Vendor Name: _____

For CEO-Risk Management Division use only

Exception: _____

Approved by CEO-Risk Management Division: _____ Date: _____

MINIMUM REQUIREMENT: A CURRENT Certificate of Liability Insurance is REQUIRED to be submitted with a Grant Application. If the agency is awarded funding, ALL required endorsements must be submitted and approved prior to final approval by the Board of Supervisors.

Please reference coverage: Auto, General Liability, Professional Liability, Workers Comp.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/24/2017

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 SelectSolutions Insurance Services 1350 Carlbac Avenue Suite 100 Walnut Creek CA 94596		CONTACT NAME: Lydia Castro PHONE (A/C, No, Ext): (866) 500-6359 E-MAIL ADDRESS: lydiac@selectsolutionsins.com FAX (A/C, No): (952) 951-0077	
INSURED [Redacted]		INSURER(S) AFFORDING COVERAGE	
		INSURER A Nonprofits Insurance Alliance of	NAIC # 11384
		INSURER B Oak River Insurance Company	34630
		INSURER C QBE Insurance Corporation	39217
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER:16-17 BOP/EO, WC, DO 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	ADDC INSD	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		201600610NPO	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired Non Owned Auto \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>			201600610NPO	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			201600610UMENPO	10/24/2016	10/24/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	PRWC708555	9/1/2016	9/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab (E&O)			201600610NPO	7/1/2016	7/1/2017	\$1,000,000 \$2,000,000
A	Directors and Officers Liab			2016-00610-DO-NPO	7/1/2016	7/1/2017	\$1,000,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Stanislaus County, its officers, officials and employees are included as Additional Insured as their interests may appear in regards to General Liability policy per attached endorsement. Waiver of subrogation in favor of the certificate holder with regard to the workers Compensation policy per attached endorsement. This insurance is primary and noncontributory.

CERTIFICATE HOLDER

CANCELLATION

Stanislaus County
 1010 10th St
 Modesto, CA 95354

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

Leticia Trevino/NORJA *Leticia Trevino*

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