



INSURANCE REQUIREMENTS FOR CITY OF FORT BRAGG ENCROACHMENT PERMITS

Certificates and Endorsements may be faxed to (707) 961-2802
Originals **must be** sent to City of Fort Bragg, Attn: City Clerk, 416 N. Franklin Street, Fort Bragg, CA 95437
Questions may be addressed to City Clerk's Office at (707) 961-2823 ext. 115

The City of Fort Bragg participates in a Joint Powers Authority with a number of other northern California cities; this Joint Powers Authority (Redwood Empire Municipal Insurance Fund) establishes insurance limits for its members. Prior to performing work for the City of Fort Bragg, or receiving an encroachment permit to perform work in the City right-of-way, the Contractor and/or Homeowner, including any and all subcontractors working for the Contractor/Homeowner, shall furnish the following documents to the City Clerk for approval. Coverage shall be effective throughout the term of the permit:

HOMEOWNERS:

1. A copy of the Homeowners Insurance Policy declarations page, showing coverage is currently in effect, and will remain in effect throughout the project period.
2. An additional insured endorsement which includes the following language, "*The City of Fort Bragg, including its officers, officials, employees, and volunteers, are insureds.*"

NOTE: If the agent/broker is unable to name the City as additional insured, the agent/broker must provide a memo or letter to the City Clerk so indicating.

CONTRACTORS:

Certificates of Insurance with original, authorized signatures, showing that he/they has/have the following minimum insurance coverage(s):

1. **General Liability:** \$1,000,000-2,000,000* Combined Single Limit per occurrence for bodily injury, personal injury, and property damage.
2. **Workers' Compensation:** Workers' Compensation Insurance as required by the State of California and Employer's Liability Insurance of \$1,000,000 per accident for bodily injury or disease.

* Minimum required insurance limit will be determined depending on the type, location and duration of work; these amounts may be increased at the City's discretion.

Excess or umbrella policies may be used to reach the limits required. If an excess policy is used it shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage.

All insurance carriers shall be rated A:VII or better and certificates for General Liability **MUST** be accompanied by the following endorsements:

A. LIABILITY INSURANCE ENDORSEMENT containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language:

"The City of Fort Bragg, including its officers, officials, employees, and volunteers, are insureds."

3. A statement that includes the following language:

“The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured’s scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.”

4. A statement that includes the following language:

“The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City.”

NOTE: A CG 20 12 07 98 Form is preferred for the General Liability additional insured Endorsement, but alternative endorsements may be substituted, with approval by the City. The City has found that 07/04 version of the forms include language that is **not** acceptable and **do not** satisfy the City’s insurance requirements.

NOTE: The City will accept strike out of the words “endeavor to” and everything after “...certificate holder named to the left,” on the Certificate of Insurance in lieu of cancellation language on an endorsement.

B. WORKERS’ COMPENSATION INSURANCE ENDORSEMENT containing the following specific components:

1. A waiver of subrogation clause which states the following:

“This insurance company agrees to waive all rights of subrogation against the City of Fort Bragg, its officers, officials, employees, and volunteers for losses paid under the terms of this policy which arise from the work performed by the named insured for the City.”

2. The insurance policy number.

3. A statement that includes the following language:

“The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City.”

Subcontractors performing work within the City right-of-way shall either be included upon the Contractor’s policies as insureds, or shall furnish separate certificates and endorsements. All coverages for subcontractors shall be subject to all of the insurance requirements stated previously herein for the Contractor, and shall be effective throughout the term of the permit.

INSURANCE FORM SAMPLES FOLLOW-

Note: Alternative forms are subject to approval by the City of Fort Bragg

The City of Fort Bragg reserves the right to require more or less coverage than indicated above, and to reject any language or forms that do not meet the City’s requirements.

ISSUE DATE (MM/DD/YY)

CERTIFICATE OF INSURANCE
CITY OF FORT BRAGG ("the City")

PRODUCER

THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICES BELOW.

INSURERS AFFORDING COVERAGE: **BEST'S RATING**

INSURER A _____

INSURED

INSURER B _____

INSURER C _____

INSURER D _____

INSURER E _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE 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	ADD'L INS	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> OTHER						GENERAL AGGREGATE	\$
							PRODUCTS COMP/OPS AGGREGATE	\$
							PERSONAL & ADVERTISING INJURY	\$
							EACH OCCURANCE	\$
							FIRE DAMAGE (any one fire)	\$
							MEDICAL EXPENSES (any one person)	\$
	AUTOMOTIVE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED <input type="checkbox"/> AUTOS <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS HIRED <input type="checkbox"/> AUTOS NON-OWNED <input type="checkbox"/> GARAGE						COMBINED SINGLE LIMIT	\$
							BODILY INJURY (per person)	\$
							BODILY INJURY (per accident)	\$
							PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA						EACH OCCURRENCE	\$
							AGGREGATE	\$
	<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY						<input type="checkbox"/> STATUTORY	
							EACH ACCIDENT	\$
							DISEASE - POLICY LIMIT	\$
							DISEASE - EACH EMPLOYEE	\$
	PROPERTY DAMAGE <input type="checkbox"/> COURSE OF CONSTRUCTION						AMOUNT OF INSURANCE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

THE FOLLOWING PROVISIONS APPLY:

- None of the above-described policies will be canceled until after 30 day's written notice has been given to the City at the address indicated below.
- The City, its officials, officers, employees, and volunteers are added as insureds on all Liability Insurance Policies listed above.
- It is agreed that any insurance or self-insurance maintained by the City will apply in excess of and not contribute with, the insurance described above.
- The City is named a loss payee on The Property Insurance Policies described above, if any.
- All rights of subrogation under the Property Insurance Policy listed above have been waived against the City.
- The Worker's Compensation Insurer named above, if any, agrees to waive all rights of subrogation against the City for injuries to employees of the insured resulting from work for the City or use of the City's premises or facilities.

CERTIFICATE HOLDER/ADDITIONAL INSURED
(CITY)

City of Fort Bragg
 416 N. Franklin Street
 Fort Bragg, CA 95437

AUTHORIZED REPRESENTATIVE

SIGNATURE: _____

TITLE: _____

PHONE NO.: _____

POLICY NUMBER: _____

COMMERCIAL GENERAL LIABILITY

CG 20 12 07 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Political Subdivisions:

THE CITY OF FORT BRAGG, INCLUDING ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS ARE INSURED

City of Fort Bragg
416 N. Franklin Street
Fort Bragg, CA 95437

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

Section II — Who Is An Insured is amended to include as an Insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

2. This Insurance does not apply to:

- a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

Signature-Authorized Representative

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY SPECIAL ENDORSEMENT

FOR City of Fort Bragg (the "City")

Endorsement No. _____

Issue Date: _____

PRODUCER

Telephone: (_____) _____

POLICY INFORMATION

Insurance Company: _____

Policy No.: _____

Policy Period: (from) _____ (to) _____

NAMED INSURED

OTHER PROVISIONS

CLAIMS: (Underwriter's representative for claims pursuant to this insurance.

Name: _____

Address: _____

Telephone: (_____) _____

EMPLOYERS LIABILITY LIMITS

\$ _____ (Each Accident)

\$ _____ (Disease - Policy Limit)

\$ _____ (Disease - Each Employee)

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows:

1. **CANCELLATION NOTICE:** This insurance shall not be canceled, except after thirty (30) days prior written notice by receipted delivery has been given to the City.
2. **WAIVER OF SUBROGATION:** This Insurance Company agrees to waive all rights of subrogation against the City, its officers, officials, employees, and volunteers for losses paid under the terms of this policy which arise from the work performed by the Named Insured for the City.

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements, or exclusions of the policy to which this endorsement is attached.

ENDORSEMENT HOLDER

CITY

City of Fort Bragg
416 N. Franklin Street
Fort Bragg, California 95437

AUTHORIZED REPRESENTATIVE

Broker/Agent Underwriter _____

I _____ (print/type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.

Signature: _____
(original signature required)

Telephone: (_____) _____ Date signed: _____