



CITY OF BAKERSFIELD BASIC INSURANCE REQUIREMENTS
(as of July 1, 2000)

The City of Bakersfield has the following mandatory insurance requirements for construction projects:

- I. COMMERCIAL GENERAL LIABILITY
 - must have limits of not less than **\$1,000,000** per occurrence
 - coverage must be on an **occurrence basis** (versus claims made)
 - must contain an additional insured **endorsement** (see attachment) naming the City, its mayor, council, officers, agents, employees and volunteers as additional insureds.
- II. AUTO LIABILITY
 - must have limits of not less than **\$1,000,000** per occurrence
 - must provide coverage for owned, non-owned and hired autos
- III. WORKERS' COMPENSATION
 - must provide for statutory coverage
 - must contain employers liability insurance with limits not less than \$1,000,000
 - contain a waiver of subrogation **endorsement** (see attachment) in favor of the City, its mayor, council officers, agents, employees and volunteers.

In addition:

The City is to be provided at least 30 days written notice of policy cancellation or if there are any material changes in the policy language or terms.

All policies provided must be primary insurance.

All policies must have a Bests' insurance rating of A:VII or better.

If any of the work is subcontracted, all insurance requirements as set forth above are required of the subcontractor.

NOTE

Listed above are minimum requirements currently in effect and are subject to change. The City of Bakersfield reserves the right to change, alter or modify the requirements based on the elements of a particular project.

Attached is a sample of a properly completed certificate of insurance, including endorsements.

If there are any questions, contact Scott Manzer at the Office of Risk Management.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
09/30/1999

PRODUCER (805) FAX (805)
Insurance, Inc.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Bakersfield, CA 93309

Attn: INSURED
Construction Company
Inc. DBA
P.O. Box
Bakersfield, CA

RECEIVED
SEP 01 1999
RISK MGMT.

COMPANIES AFFORDING COVERAGE
National Indemnity Company
Compensation Company
COMPANY A
COMPANY B
COMPANY C
COMPANY D

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS' & CONTRACTOR'S PROT	583100	11/01/1998	11/01/1999	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	583100	11/01/1998	11/01/1999	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	583102	11/01/1998	11/01/1999	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	830903	09/12/1999	09/12/2000	<input checked="" type="checkbox"/> WC STATUTORY LIMITS EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 City of Bakersfield, its mayor, council, officers, agents and employees as additional insured as respects:
 Waiver of Subrogation applies Workers Compensation- attached

CERTIFICATE HOLDER
 City of Bakersfield
 1505 Truxtun Ave.
 Bakersfield, CA 93301

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
 AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 583100

COMMERCIAL GENERAL LIABILITY

NAMED INSURED: Construction Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

City of Bakersfield, its mayor, council,
officers, agents and employees
1505 Truxtun Ave
Bakersfield, Ca. 93301

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

WHO IS AN INSURED (Section II) 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 work" for that insured by or for you.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liability 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

City of Bakersfield, its mayor, council,
officers, agents and employees
1505 Truxtun Ave.
Bakersfield, Ca. 93301

Job

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 09/12/1999

Policy No. 830903

Endorsement No.

Insured Construction Company

Premium \$

Insurance Company Fremont Compensation Company

Countersigned by 