

Insurance Requirements

Contractor/Vendor:

The City and County of San Francisco would like to direct your attention to the City's insurance requirements, which have proved confusing to some bidders in the past.

We have enclosed a sample of the Certificate of Insurance and Additional Insured Endorsements. These are standard insurance industry forms, and your broker should be aware of them. The successful bidder must submit the Certificate of Insurance and Additional Insured Endorsements with the required insurance coverages prior to receiving an order/contract agreement.

Please review these forms and the insurance portion of the bid document with your insurance broker for assurance that the mandatory types and limits of insurance coverages are available or already in place. If you are the successful bidder, you must provide evidence of insurance within an allotted time. If you fail to provide the Certificate of Insurance and Additional Insured Endorsements, your bid may be disqualified.

Please note that the attached Certificate reflects the standard types and limits of insurance the City requires **most often**, the requirements of each proposal **may differ**, in which case the proposal's specific requirements shall prevail. Please be certain you and your insurance broker review the insurance requirements of the proposal carefully.

If you and/or your broker have any questions concerning our insurance requirements, please call the contact person in charge of this bid/RFP.

NOTE: Additional Insured Endorsement must be issued by the insurance carrier.

CERTIFICATE OF INSURANCE

ISSUE DATE:

PRODUCER:

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 OTHER COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

INSURED:

COVERAGES AND LIMITS

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 EFF. DATE	POLICY EXP. DATE	DESCRIPTION	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIAB. <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACT'S PROT <input type="checkbox"/> _____				GENERAL AGGREGATE PROD-COMP/OP AGG. PERS & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (One Fire) MEDICAL EXPENSE (One Per)	\$2 million \$1 million \$1 million \$1 million
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> _____				COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	\$1 million
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	\$1 million \$1 million \$1 million
	OTHER INSURANCE					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

- (1) Additional Insureds: City and County of San Francisco, its officers, employees and agents. (Endorsement required)
- (2) Liability insurance is primary and applies separately to each insured, except with respect to limits of liability. (Endorsement required)
- (3) Endorsement must be attached with the Certificate.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

City and County of San Francisco
 Department Name
 Attn:
 Address
 City, State, Zip Code

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 (See contract requirements for any changes to this Section.)

AUTHORIZED REPRESENTATIVE:

(Signature required)

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
ISSUE DATE:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of person or organization:

ANY PERSON OR ENTITY WITH WHOM YOU HAVE AGREED IN A WRITTEN CONTRACT,
EXECUTED PRIOR TO LOSS TO NAME AS AN ADDITIONAL INSURED, BUT ONLY FOR
THE LIMITS AGREED TO IN SUCH CONTRACT OR THE LIMITS OF INSURANCE OF
THIS POLICY, WHICHEVER IS LESS.

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the
Schedule as an insured but only with respect to liability arising out of your acts or omissions.

SAMPLE