



ENGINEERING

11222 Acacia Parkway
Garden Grove, CA 92840
Telephone Number: (714) 741-5887
FAX Number: (714) 741-5578

STREET PERMIT INSURANCE REQUIREMENTS

Street Permit applicants must comply with the following insurance requirements:

1. The applicant shall provide a Certificate of Insurance evidencing commercial general liability insurance in the amount of \$1 million per occurrence policy (claims made and modified occurrence policies are not acceptable).
2. The applicant shall provide an Additional Insured Endorsement to the commercial general liability policy, naming the City of Garden Grove as an additional insured.
3. The applicant shall provide a Certificate of Insurance evidencing automobile liability insurance in the amount of \$1 million per occurrence policy.
4. The applicant shall provide a Certificate of Insurance evidencing workers compensation insurance.
5. All insurance companies must be **admitted** and **licensed** in California and have a Best's Guide Rating of A-Class VII or better, as approved by the City.
6. The applicant shall apply for a City of Garden Grove Business License.
7. Concrete work in the public right-of-way requires a State Contractor's License classification of "General Engineering Contractor" (Class A) or Concrete Specialty License (C-8).
8. Any sewer and/or sanitation line work done in the public right-of-way requires a State Contractor's License classification of "General Engineering Contractor" (Class A) or a "Sanitation System Contractor" Specialty License (C-42).

The certificate(s) of insurance shall:

Indicate that the policy is current.

Name the City of Garden Grove as the Certificate Holder.

Name the City of Garden Grove as an Additional Insured.

Give 30 days written cancellation notice. (Strike the words ENDEAVOR TO and BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION NOR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.)

Be signed with an original signature (**stamps and facsimiles accepted prior to mailing of original**) by the authorized representative. If you have any *insurance* related questions, please contact **Pam Valentine**, Risk Management, at **(714) 741-5058**.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Current

PRODUCER Producer's Name Address Phone Number	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Insured's Name Address Phone Number	INSURER A: List company (must be licensed	
	INSURER B: and admitted in CA; Best rating	
	INSURER C: A- VII or better	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOTE: Claims made and modified occurrence policies are NOT ACCEPTABLE! Incl. Policy Number Current			EACH OCCURRENCE \$1,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000. MED EXP (Any one person) \$1,000. PERSONAL & ADV INJURY \$1,000. GENERAL AGGREGATE \$1,000. PRODUCTS - COMP/OP AGG \$1,000.								
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Include Policy Number	Current		COMBINED SINGLE LIMIT (Ea accident) \$1,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Incl. Policy Number	Current		<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000.</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000.</td> </tr> <tr> <td>DISEASE - POLICY LIMIT</td> <td>\$ 1,000.</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000.	E.L. DISEASE - EA EMPLOYEE	\$ 1,000.	DISEASE - POLICY LIMIT	\$ 1,000.
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$ 1,000.													
E.L. DISEASE - EA EMPLOYEE	\$ 1,000.													
DISEASE - POLICY LIMIT	\$ 1,000.													

Sample

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Garden Grove is named as Additional Insured. (Must attach the Additional Insured Endorsement.)
 (Endorsements CG 2026 11 85 or CG 2012 07 98)

CERTIFICATE HOLDER City of Garden Grove Attn: Engineering P.O. Box 3070 Garden Grove, CA 92842-3070	CANCELLATION (Must strike words as indicated) SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY FAX OR BY REGISTERED MAIL. IT IS THE RESPONSIBILITY OF THE INSURED TO OBTAIN THE ORIGINAL POLICY FROM THE INSURER TO VERIFY THE REPRESENTATIVE. AUTHORIZED REPRESENTATIVE Original Signature (Stamp not Acceptable)
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

POLICY NUMBER: Include Policy Number

COMMERCIAL GENERAL LIABILITY

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:

City of Garden Grove
P.O. Box 3070
Garden Grove, CA 92842-3070

(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

EXAMPLE: (Other endorsements accepted, if appropriate. Subject to City approval.)

CG 20261185

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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 PART.

SCHEDULE

State Or Political Subdivision

City of Gardn Grove shall be named as Additional Insured.

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

Section 11 - 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," "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."

SAMPLE