



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX/XX/XX

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).

<p>PRODUCER</p> <p>NAME OF PRODUCER (INSURANCE AGENT)</p> <p>ADDRESS OF PRODUCER</p> <p>*REQUIRED</p> <p>INSURED</p> <p>NAME OF INSURER</p> <p>ADDRESS OF INSURER</p> <p>*REQUIRED</p>	<p>CONTACT NAME: AGENT'S NAME</p> <p>PHONE (A/C, No. Ext.): XXXX-XXX-XXXX FAX (A/C, No.):</p> <p>E-MAIL ADDRESS: AGENT'S EMAIL ADDRESS</p> <p>INSURER(S) AFFORDING COVERAGE NAIC #</p> <p>INSURER A: NAME OF INSURER A XXXXXX</p> <p>INSURER B: NAME OF INSURER B XXXXXX</p> <p>INSURER C: *REQUIRED</p> <p>INSURER D:</p> <p>INSURER E:</p> <p>INSURER F:</p>
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COVERAGES		CERTIFICATE NUMBER: XXXXXXXX		REVISION NUMBER: XX				
<p>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.</p>								
INSR LTR	TYPE OF INSURANCE	ADD'L INSR WVD	SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			*REQUIRED			EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000,000	
B	AUTOMOBILE LIABILITY			*REQUIRED			PERSONAL & ADV INJURY \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						GENERAL AGGREGATE \$ 1,000,000	
	ALL OWNED AUTOS						PRODUCTS - COMP/OP AGG \$	
C	UMBRELLA LIAB			*REQUIRED			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	EXCESS LIAB						BODILY INJURY (Per person) \$	
	DED RETENTION \$						BODILY INJURY (Per accident) \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A	*REQUIRED			PROPERTY DAMAGE (Per accident) \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)							WC STATUTORY LIMITS	OTHER
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT	\$ 1,000,000
		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000					
		E.L. DISEASE - POLICY LIMIT	\$ 1,000,000					

***MIN. REQUIRED**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ***REQUIRED**

PROJECT LOCATION: XXXX, MILPITAS, CA 95035

PROJECT DESCRIPTION: OPEN TRENCH TO PLACE 20' FIBER OPTIC CONDUITS AND PAVEMENT RESTORATION WITH TCP.

CERTIFICATE HOLDER

***REQUIRED**

CITY OF MILPITAS
455 East Calaveras Blvd.
Milpitas, CA 95035
Attn: Engineering Dept./Land Dev.

CANCELLATION

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

SIGNATURE ***REQUIRED**

SAMPLE

Commercial General Liability Endorsement

Date: XX/XX/XXXX

POLICY NUMBER: XXXXXXXXXX

COMMERCIAL GENERAL LIABILITY

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: ***REQUIRED**

City of Milpitas
455 E. Calaveras Blvd.
Milpitas, CA 95035
Attn: Land Development, Engineering Dept.

(If no entry appears above, the information required to complete this endorsement will be shown in the Declaration 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 ongoing operations performed for that insured. ***REQUIRED**

- a. The City, its elected and appointed officials, officers, attorneys, agents and employees are to be covered as additional insureds.
- b. For any claims related to this project, named insured's insurance coverage shall be primary.
- c. Each insurance policy required shall be endorsed that a thirty (30) day notice be given to CITY in the event of cancellation or modification to the stipulated insurance coverage.