

## CERTIFICATE OF INSURANCE CHECKLIST

### PROFESSIONAL CONSULTANT

(Accountants, legal counsel, studies)

This checklist is a summary of the District's insurance requirements. The formal contract documents should be referred to for all requirements. Use the checklist to verify that insurance and ENDORSEMENT FORMS are submitted correctly to the District. Please submit one (1) complete package.

**IMPORTANT** - ENDORSEMENT FORMS are required to be attached to the Certificate of Insurance. Typed statements on a certificate are not accepted in lieu of the forms.

**BROKERS** - contact the insurance company underwriter for questions. Underwriters, regardless of the insurance company, have great knowledge and can provide the endorsement forms.

**ADDITIONAL INSURED:** If General Liability coverage is a requirement, Joshua Basin Water District, its Directors, officers, employees, authorized volunteers and agents must be added as an Additional Insured.

Technology Exposure insurance may be required based on service.

The vendor only has a few days to provide the District a completed package before losing the award. Brokers should work with their customer/vendor to determine the time frame.

#### GENERAL

- Insurance carrier rating must be A VII or better rating. Visit [www.ambest.com](http://www.ambest.com) to check.
- The policy dates must fall within the job dates and are current.

#### COMMERCIAL GENERAL LIABILITY

- General liability is on an "occurrence" basis, not "claims-made."
- Each Occurrence \$2,000,000.00
- Personal/Advertising Injury \$1,000,000.00
- General Aggregate \$4,000,000.00
- Products/Completed Operations Aggregate \$4,000,000.00
- Additional Insured Endorsement Form(s).
  - Option 1: One endorsement that covers "your work" with no distinction between ongoing operations and completed operations (at least as broad as ISO Form CG 20 10 11 85).
  - Option 2: BLANKET ENDORSEMENT - covering one or more of the above endorsement(s) with words "as required by written contract/agreement."
- Primary Non-Contributory Wording
  - Option 1: Can be included on the Additional Insured endorsement.
  - Option 2: Can be reflected in a separate endorsement of its own.

#### PROFESSIONAL LIABILITY

- Each Occurrence \$1,000,000.00
- Policy Aggregate \$2,000,000.00

#### AUTOMOBILE (if required)

- Combined Single Limit \$1,000,000.00
- "Any Auto" box should be checked (preferred)

If VENDOR has no owned Autos, then the boxes must checked as follows:

- "Hired" and "Non-Owned"
- Additional Insured Endorsement

#### WORKERS' COMPENSATION

- Workers Compensation provides Statutory Limits & Employers' Liability.

Employer's Liability Limits:

- E.L. Each Accident \$1,000,000.00
- E.L. Disease – Each Employee \$1,000,000.00
- E.L. Disease – Policy Limit \$1,000,000.00

- Waiver of Subrogation or Transfer of Rights Recovery Endorsement

#### DEDUCTIBLES/SELF-INSURED RETENTION

- Insured must disclose any deductibles higher than \$5,000 on any of the coverage outlined above.