CERTIFICATE OF INSURANCE CHECKLIST GENERAL SERVICES

(Most routine maintenance, on-site equipment maintenance agreements, general services)

This checklist is a synopsis 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 INCLIRED: Joshua Basin Water District, its Directors, officers, employees, authorized volunteers and agents

ADDITIONAL INSURED: Joshua Basin Water District, its Directors	, officers, employees, authorized volunteers and agents.
Pollution or Professional Liability insurance may be required base	ed on service.
The vendor only has a few days to provide the District a complet customer/vendor to determine the time frame.	ted package before losing the award. Brokers should work with t
GENERAL	
☐ Insurance carrier rating must be A VII or better rating. Vi	sit <u>www.ambest.com</u> to check.
$oxedsymbol{\square}$ The policy dates must fall within the job dates and are cu	urrent.
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)	
Option1: One endorsement that covers	"your work" with no distinction between ongoing
operations and completed operations (at le	ast as broad as ISO Form CG 20 10 11 85).
Option 2: BLANKET ENDORSEMENT - co	vering 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 Addition	onal Insured endorsement.
Option 2: Can be reflected in a separate	endorsement of its own.
AUTOMOBILE	
Combined Single Limit	\$1,000,000.00
"Any Auto" box should be checked (preferred)	
If VENDOR has no owned Autos, then the boxe	es 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 Recover	y Endorsement
DEDUCTIBLES/SELF-INSURED RETENTION	
	= 000

D

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