Approved:

Clear Form

Vendor Name:
Date of Internal Review:

CERTIFICATE OF INSURANCE REQUIREMENTS FOR STANDARD CITY CONTRACTS

REQUIRED INSURANCE: Below are the insurance requirements on all Standard City Contracts.
CONTRACTORS/VENDORS: Please forward this list to your insurance agent/broker.

- All policies except Workers' Compensation & Professional Liability shall name the City as an additional insured.
- A copy of the Additional Insured Endorsement must be attached to the Certificate verifying that the Insured's policy(s) has been endorsed as required or certificate will be considered incomplete.
- All certificates shall provide for thirty (30) days' written notice to Certificate Holder prior to cancellation or material change of any insurance referred to in the certificate.

Certificate of Liability Insurance (COI)		
☐	**Certificate Holder:** City of West Sacramento officers, officials, employees, agents, and volunteers (Please do not list any specific departments or individuals) **City Address unless otherwise stated:** 1110 West Capitol Avenue, West Sacramento, CA 95691	
Required Insurance Coverage **City Contract Minimum**		
☐	**Commercial General Liability**	*$1,000,000 Per Occurrence / $2,000,000 Aggregate**
☐	**Commercial Automobile Liability**	*$1,000,000 Per Accident**
☐	**Workers' Compensation and Employers' Liability**	*Per statutory requirements*
☐	**Professional Liability (Errors & Omissions) if applicable**	*$1,000,000 Per Claim**
General Liability – Additional Insured Endorsements		
☐	**Additional Insured Endorsement** equivalent to CG 2010 0714 naming the City, its officers, officials, employees, agents, and volunteers as additional insureds	
☐	**Primary and Non-Contributory Endorsement** stating insurance is primary and non-contributory	
☐	**Separation of Insureds** stating that the insurance shall apply separately to each insured	
Automobile Liability – Additional Insured Endorsements		
☐	**Additional Insured Endorsement** equivalent to CG 2010 0714 naming the City, its officers, officials, employees, agents, and volunteers as additional insureds	
☐	**Primary and Non-Contributory Endorsement** stating insurance is primary and non-contributory	
☐	**Separation of Insureds** stating that the insurance shall apply separately to each insured	
Workers Compensation Endorsements		
☐ ☐	**Waiver of Subrogation Endorsement** (Waiver of Transfer of Rights of Recovery) on Worker's Compensation policy in favor of the City, its officers, agents, and employees or **Workers Comp Waiver** if self-employed with no employees	
Internal Notes:		