

### **RISK MANAGEMENT - SAMPLE**

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

ADDITIONAL INCURED 45 

	PORTANT: If the certificate holder is an AD e policy, certain policies may require an e											
PRO	DUCER				CONTAC NAME:	CT						
INSURANCE BROKER				PHONE								
123 MAIN STREET				(Â/C, No, Ext): (Â/C, No): E-MAIL ADDRESS:								
CII	ΓY, CA 92522				71221120		URER(S) AFFOR	DING COVERAGE				NAIC #
					INSURE							
INSI	JRED				INSURE							
	DUR COMPANY				INSURE	R C:						
_	34 YOUR STREET				INSURER D:							
	DURTOWN, CA 91234				INSURER E:							
. •	701101111, 07171201				INSURER F:							
CO	VERAGES CER	[IFIC	ATE NU	UMBER:				REVISION NU	MBE	R:		
N C	HIS IS TO CERTIFY THAT THE POLICIES OF INS IOTWITHSTANDING ANY REQUIREMENT, TER OR MAY PERTAIN, THE INSURANCE AFFORDI MITS SHOWN MAY HAVE BEEN REDUCED B	M OR Ed by	CONE	DITION OF ANY CONTRACT DLICIES DESCRIBED HEREIN I:	OR OTH	IER DOCUMEN	IT WITH RESPEC	CT TO WHICH THI	IS CE	ERTIFICA	TE MA	Y BE ISSUED
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			LIMIT	S	
	COMMERCIAL GENERAL LIABILITY					, , ,		EACH OCCURRE	NCE		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO REN PREMISES (Each o		rrence)	\$	
								MED EXP (Any on	ne pe	rson)	\$	
Α				FULL POLICY NUMBE	R			PERSONAL & ADV INJURY \$				
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	EGAT	E	\$	
	POLICY PROJECT LOC							PRODUCTS - COM	иP/O		\$	
	OTHER:										\$	
	AUTOMOBILE LIABILITY <u>COVERAGE IS</u>	<u>REQI</u>	<u>UIRED</u>	WHEN AUTOS ARE USE	D IN TH	<u>IE SCOPE OF</u>	- WORK	COMBINED SING (Each accident)	LE LIV	ΛIT	\$	
	ANY AUTO							BODILY INJURY (P	er pe	erson)	\$	
Α	ALL OWNED SCHEDULED AUTOS			FULL POLICY NUMBE	R			BODILY INJURY (P	er ac	ccident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMA (Per Accident)	.GE		\$	
								(FCF/CCGCFII)			\$	
	UMBRELLA LIAB OCCUR							EACH OCCURR	ENCI		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE			\$	
	DED RETENTION \$											
	WORKERS COMPENSATION							PER	П	OTHER		
D	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/ PARTNER/ EXECUTIVE Y/N			FULL POLICY NUMBER	,	11/01/2022	11/01/2023	STATUTE E.L. EACH ACCI	DEN.		\$	
В	OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	N/A		TOLL TOLIC TNOMBLY	`	11/01/2022	11/01/2020	E.L. DISEASE - EA			\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PC			\$	
	ADDITIONAL COVERAGE(S)											
	(If required)											
DESC	CRIPTION OF OPERATIONS / LOCATIONS / \	/FHIC	IFS (A	CORD 101 Additional Remo	arke Sch	edule may be	attached if n	nore snace is re	- I	ed)		
CER	RTIFICATE HOLDER				CANO	CELLATION						
					SHOL	JID ANY OF TH	IE ABOVE DES	CRIBED POLICIE	S BF	CANCE	I FD RE	FORE THE

CITY OF GLENDORA RISK MANAGEMENT 116 E. FOOTHILL BLVD. GLENDORA, CA 91741 EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## ADMINISTRATIVE SERVICES DEPARTMENT GENERAL LIABILITY – ADDITIONAL INSURED

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations		
Where required by written contract.	All locations where required by written contract.		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

- **A. Section II Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
- 1. Your acts or omissions; or
- 2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



## ADMINISTRATIVE SERVICES DEPARTMENT

GENERAL LIABILITY - WAIVER OF SUBROGATION

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 24 04 05 09

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

Name of Person(s) or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph
8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



## ADMINISTRATIVE SERVICES DEPARTMENT

GENERAL LIABILITY-PRIMARY & NON-CONTRIBUTORY

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 20 01 04 13

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the Other Insurance Condition and supersedes any provision to the contrary:

#### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- 1. The additional insured is a Named Insured under such other insurance; and
- 2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



## ADMINISTRATIVE SERVICES DEPARTMENT

**COMMERCIAL AUTO LIABILITY - ADDITIONAL INSURED** 

POLICY NUMBER:

COMMERCIAL AUTO
CA 20 48 02 99

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY. DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	
	(Authorized Representative)

#### **SCHEDULE**

Name of Person(s) or Organization(s):

Where required by Written Contract

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.



## ADMINISTRATIVE SERVICES DEPARTMENT BUSINESS AUTO LIABILITY – WAIVER OF SUBROGATION

POLICY NUMBER:

Name Insured:

COMMERCIAL AUTO CA 04 44 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Traine morea.
Endorsement Effective Date:
SCHEDULE
2CHEDULE
Name of Person(s) or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.



## ADMINISTRATIVE SERVICES DEPARTMENT WORKERS COMP – WAIVER OF SUBROGATION

#### WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 00 03 13

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**SCHEDULE** 

# SAMPLE

This endorsement changes the policy to which it isattached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Insured	Effective Policy No.	Endorsement No. Premium		
Insurance Company	Countersigned by:			