

CITY OF BAKERSFIELD INSURANCE REQUIREMENTS FOR

BUSINESS REGULATORY PERMITS

- Minimum of \$1,000,000 comprehensive general liability insurance (see example in attachment 1) with an additional insured endorsement form in favor of the City, it's mayor, council, officers, agents, employees and volunteers (see example in attachment 2).
- Workers' compensation insurance with statutory coverage or limits not less than \$1,000,000 and employer's liability insurance with limits not less than \$1,000,000. Waiver of subrogation in favor of the City of Bakersfield is also required (see example in attachment 3).

Additional insurance and or endorsements may be required if City determines that the event may expose City to unusual risks. All general liability insurers must have an AM Best's rating of not less than A5 on the general liability.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/8/2002

PRODUCER (661) 322-
Insurance Agency, Inc. - Bakersfield
License # 0707
P.O. Box
Bakersfield, CA 93389-9548

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
INSURED'S NAME
INSURED'S ADDRESS

INSURER A: Zurich American Insurance *A-15*
INSURER B: State Compensation Insurance Fund *ok*
INSURER C: Centennial Insurance Co *A-5*
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	8167030 10 DAY NOTICE FOR NON-PAYMENT OF PREMIUM.	10/1/2002	10/1/2003	EACH OCCURRENCE \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	8167040	10/1/2002	10/1/2003	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	59345-02	1/1/2002	1/1/2003	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	OTHER				Total Value Total Value

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The City of Bakersfield, its mayor, council, officers, agents, employee & volunteers are named as additional insureds

CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER:

City of Bakersfield
1501 Truxtun Ave
Bakersfield, CA 93301-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CITY OF BAKERSFIELD

10/26/200

Certificate issued to CITY OF BAKERSFIELD
Ins & Co Ins Brokers

10/25/2001

Policy Number: -011
NAMED INSURED:

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:

★ CITY OF BAKERSFIELD, ITS MAYOR, COUNCIL
AGENTS, EMPLOYEES AND VOLUNTEERS.
1505 TRUXTON AVENUE
BAKERSFIELD, CA 93301

RE: ALL CALIFORNIA OPERATIONS; PROJECT LOCATION: BAKERSFIELD, CA

(If no entry appears above, information required to complete this endorsement will be shown in the
Declarations 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 work" for that insured by or for
you.

The limits of Liability for the additional insured are those specified in the written contract or
agreement, or in this policy, whichever is less. These limits are inclusive of and are not in addition
to the limits of insurance shown in the declarations.

CANCELLATION CLAUSE: It is further understood and agreed that the attached certificate holder will be
given thirty (30) days written notice before any reduction of coverage or cancellation of this insurance
is effective.

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SEPTEMBER 20, 2001

POLICY NUMBER: 983 - 01
CERTIFICATE EXPIRES: 9-1-02

CITY OF BAKERSFIELD
1505 TRUXTON AVE
BAKERSFIELD CA 93301

JOB: ALL CALIFORNIA OPERATIONS

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ^{TEN}ten days' advance written notice to the employer.
XX

We will also give you ^{TEN}TEN days' advance notice should this policy be cancelled prior to its normal expiration.
XX

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.

Tom Hansen
AUTHORIZED REPRESENTATIVE

Kc Bollier
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 09/01/01 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2570 ENTITLED WAIVER OF SUBROGATION EFFECTIVE 09/20/01 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.
THIRD PARTY NAME: CITY OF BAKERSFIELD

EMPLOYER

INSURED'S NAME
ADDRESS

RECEIVED
SEP 25 2001
RISK MGMT.