Insurance Requirements

Contractor/Vendor:

The City and County of San Francisco would like to direct your attention to the City's insurance requirements, which have proved confusing to some bidders in the past.

We have enclosed a sample of the Certificate of Insurance and Additional Insured Endorsements. These are standard insurance industry forms, and your broker should be aware of them. The successful bidder must submit the Certificate of Insurance and Additional Insured Endorsements with the required insurance coverages prior to receiving an order/contract agreement.

Please review these forms and the insurance portion of the bid document with your insurance broker for assurance that the mandatory types and limits of insurance coverages are available or already in place. If you are the successful bidder, you must provide evidence of insurance within an allotted time. If you fail to provide the Certificate of Insurance and Additional Insured Endorsements, your bid may be disqualified.

Please note that the attached Certificate reflects the standard types and limits of insurance the City requires **most often**, the requirements of each proposal **may differ**, in which case the proposal's specific requirements shall prevail. Please be certain you and your insurance broker review the insurance requirements of the proposal carefully.

If you and/or your broker have any questions concerning our insurance requirements, please call the contact person in charge of this bid/RFP.

NOTE: Additional Insured Endorsement must be issued by the insurance carrier.

CERTIFICATE OF INSURANCE ISSUE DATE:						
PRODUCER:			CC	NFERS NO	ATE IS ISSUED AS A MATTER OF INF RIGHTS UPON THE CERTIFICATE HOLE END, EXTEND OR ALTER OTHER COVER MV	DER. THIS CERTIFICATE
				COMPANIES AFFORDING COVERAGE		
				MPANY FTER A		
			CC	MPANY ITER B		
INSURED:				COMPANY LETTER C		
				COMPANY LETTER D		
COVERAGES AND LIMITS						
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO. TYPE OF INSURANCE LTR	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP DATE		DESCRIPTION	LIMITS
GENERAL LIABILITY				GENERAL AGGREGATE PROD-COMP/OP AGG.		\$2 million
CLAIMS MADE				PERS & ADV. INJURY		\$1 million \$1 million
X OCCURRENCE				EACH OCCURRENCE		
OWNER'S & CONTRACT'S PROT				FIRE DAMAGE (One Fire)		\$1 million
				MEDICA	AL EXPENSE (One Pex)	
AUTOMOBILE LIABILITY X ANY AUTO				COMBINED SINGLE AIMIY		\$1 million
ALL OWNED AUTOS			BODIL INJURY (Per Person)		ф1 инион	
SCHEDULED AUTOS			V O I	водил	INJURY (Per Accident)	
X HIRED AUTOS		///	$ \setminus^{r} / $	PROPER	TY DAMAGE	
X NON-OWNED AUTOS	\	//////				
GARAGE LIABILITY		/ // // //				
EXCESS LIABILITY			\Diamond	EACH O	CCURRENCE	
UMBRELLA FORM OTHER THAN UMBREL (A FORM		110		AGGRE	GATE	
WORKERS' COMPENSATION				x ST	ATUTORY LIMITS	ŗ
AND					CCIDENT	\$1 million
EMPLOYER'S LIABILITY	/				E - POLICY LIMIT E - EACH EMPLOYEE	\$1 million \$1 million
OTHER INSURANCE						ψ1 mmon
DESCRIPTION OF OPEN A TIONS & OCA	TIONICATINA	CI EC/CDECIAI	ITEMC			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: (1) Additional Insureds: City and County of San Francisco, its officers, employees and agents. (Endorsement required)						
(2) Liability insurance is primary and applies separately to each insured, except with respect to limits of liability. (Endorsement required)						
(3) Endorsement must be attached with the Certificate.						
NAME AND ADDRESS OF CERTIFICATE HOLDER:			CANCELLATION:			
City and County of San Francisco			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE			
City and County of San Francisco Department Name			EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO			
Attn:			MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
Address	((See contract requirements for any changes to this Section.)				
City, State, Zip Code	AUTHORIZED REPRESENTATIVE:					
		(Signature required)				

COMMERCIAL GENERAL LIABILITY 188UE DATE:

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

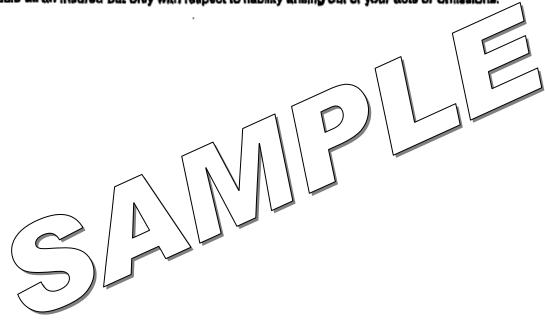
SCHEDULE

Name of person or organization:

ANY PERSON OR ENTITY WITH WHOM YOU HAVE AGREED IN A WRITTEN CONTRACT, EXECUTED PRIOR TO LOSS TO NAME AS AN ADDITIONAL INSURED, BUT ONLY FOR THE LIMITS OF ENSURANCE OF THIS POLICY, WHICHEVER IS LESS.

WHO IS AN INSURED (Section ii) is amended to include as an insured the person or organization shown in the Sohadula as an insured but only with respect to liability arising out of your acts or omissions.





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