

**COUNTY OF ORANGE  
INSURANCE REQUIREMENTS  
PERMITTEES**

Permittees shall be required to provide the County of Orange with verification of General Liability insurance with a minimum limit per occurrence of One Million Dollars (\$1,000,000).

The policy or policies of insurance must be issued by an insurer with a minimum rating of A- (Secure A.M. Best's Rating) and VIII (Financial Size Category) as determined by the most current edition of the **Best's Key Rating Guide/Property-Casualty/United States** or **ambest.com**. It is preferred, but not mandatory, that the insurer be licensed to do business in the State of California (California Admitted Carrier).

If the insurance carrier does not have an A.M. Best Rating of A-/VIII, the CEO/Office of Risk Management retains the right to approve or reject a carrier after a review of the company's performance and financial ratings.

The insurance certificate as well as an Additional Insured Primary and Non-Contributing Endorsement shall name the County of Orange as Additional Insured, and shall state that such insurance shall be primary and non-contributing with any insurance or self-insurance maintained by the County of Orange. The Permittee must give the County of Orange thirty (30) days written notice prior to cancellation of coverage (see No. 3 below).

Permittee shall ensure that all subcontractors performing work on behalf of the Permittee pursuant to this Permit shall be covered under Permittee's insurance as an Additional Insured or maintain coverage as set forth herein for Permittee. Permittee shall not allow subcontractors to work if subcontractors have less than the level of coverage required by the County from the Permittee under this Permit. It is the obligation of the Permittee to provide notice of the insurance requirements to every subcontractor and to receive Proof of Insurance prior to allowing any subcontractor to begin work. Such Proof of Insurance must be maintained by Permittee for inspection by County representatives at any reasonable time.

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**Certificate of Insurance and Endorsement:**

1. The certificate holder shall be County of Orange, ROW Permits, P.O. Box 4048, Santa Ana, CA 92702-4048.
2. Additional insured shall be specifically spelled out in the Description of Operations section of the certificate as well as on the Additional Insured Primary and Non-Contributing Endorsement. The Additional Insured coverage shall be provided using ISO form CG 2012 05 09 or a form at least as broad. For events or work within County Roads the Additional Insured shall be: **COUNTY OF ORANGE OR AS REQUIRED BY WRITTEN AGREEMENT.**

**This endorsement shall also contain the following wording:**

**"It is agreed that any insurance or self-insurance maintained by the County of**

**Orange shall apply in excess of, and not contribute with, insurance provided by this policy."**

**NAMING THE COUNTY OF ORANGE AS ADDITIONAL INSURED AND PROVIDING PRIMARY AND NON-CONTRIBUTORY WORDING ON THE CERTIFICATE ONLY IS NOT ACCEPTABLE AND YOUR INSURANCE WILL BE REJECTED. THERE ARE ABSOLUTELY NO EXCEPTIONS TO THIS POLICY.**

3. Permittee shall notify the County in writing within thirty (30) days of any policy cancellation and ten (10) days for non-payment of premium and provide a copy of the cancellation notice to County. Failure to provide written notice of cancellation may constitute a material breach of the Permit, upon which the County may suspend or terminate this Permit.
4. The certificate shall show the name of the insured, the expiration date of the policy, the coverage provided, the limits of insurance, declare any deductible or self-insured retention (SIR), and specify the name of the insurance company and NAIC number providing coverage.

Attached you will find a sample of an Additional Insured Primary Endorsement and an Additional Insured Endorsement. The endorsements must be signed by the insurance agent/broker. If the Additional Insured Primary Endorsement cannot be used by your agent/broker, this wording may be added to the Additional Insured Endorsement:

**"It is agreed that any insurance maintained by the County of Orange, shall apply in excess of, and not contribute with, insurance provided by this policy".**

Should you require any further clarification or desire additional information, please contact ROW Property Permits at (714) 667-8888

(October 2014)

Transportation



# CERTIFICATE OF LIABILITY INSURANCE

JPIPEV1 OP ID: AG

DATE (MM/DD/YYYY)  
06/30/14

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wateridge Insurance Services 10717 Sorrento Valley Rd. San Diego, CA 92121 John A. Clanton	858-452-2200	CONTACT NAME:	
	858-452-6004	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Peerless Insurance Company	24198
		INSURER B: Everest National Insurance Co	10120
		INSURER C: American Fire & Casualty Ins.	24066
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WORD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIAB <input checked="" type="checkbox"/> XCU GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CBP8296848	07/01/14	07/01/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA8287148	07/01/14	07/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$		CU8850197	07/01/14	07/01/15	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	7800011539141	08/01/14	08/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input 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
A	Equipment Floater		CBP8296848	07/01/14	07/01/15	RTD EQUIP 150,000
C	Excess ovr Primary		ECA1354826120	07/01/14	07/01/15	2M EXCESS 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
\*TOTAL UMBRELLA LIMIT: \$4,000,000. RE: PERMITS.

CERTIFICATE HOLDER		CANCELLATION	
COUN001		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
COUNTY OF ORANGE ATTN: COUNTY PROPERTY PERMITS P O BOX 4048 SANTA ANA, CA 92702		AUTHORIZED REPRESENTATIVE 	

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**POLICY NUMBER:** ABC 123456

COMMERCIAL GENERAL LIABILITY  
CG 20 12 07 98

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

**ADDITIONAL INSURED -  
STATE OR POLITICAL SUBDIVISIONS - PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Political Subdivision:  <b>County of Orange</b>  <b>Or</b>  <b>As required by written agreement</b>
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II - Who Is An Insured is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

2. This insurance does not apply to.

- a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality, or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

It is agreed that any insurance or self-insurance maintained by the County of Orange shall apply in excess of, and not contribute with, insurance provided by this policy.