

APPENDIX P

CERTIFICATE OF INSURANCE

CERTIFICATE OF INSURANCE **CITY OF COACHELLA**

This certifies to the CITY OF COACHELLA, located at 1515 Sixth St, Coachella, California 92236, that the following described policies have been issued to:

Insured: _____

Address: _____

Coverage is provided for the following operation (s)/locations(s):

			Limits of Liability in thousands (000) Policy Covers	
Type of Insurance	Insurer of Policy No.	Policy Expiration Date	Each Occurrence	Aggregate
GENERAL LIABILITY-"Occurrence" Policies Only				
<input type="checkbox"/> Comprehensive Form		BODILY		
<input type="checkbox"/> Premises-Operations		INJURY	\$	\$
<input type="checkbox"/> Owners & Contractors Protective				
<input type="checkbox"/> Blanket Contractual		PROPERTY		
<input type="checkbox"/> Products and/or		DAMAGE	\$	\$
Completed Operations		BODILY	\$	\$
		INJURY		
<input type="checkbox"/> Explosion & collapse		& PROPERTY		
Hazard		DAMAGE		
<input type="checkbox"/> Underground Hazard		COMBINED		
<input type="checkbox"/> Broad Form Property Damage				
<input type="checkbox"/> Policy to include severability of interest clause				
<input type="checkbox"/> Personal Injury Exclusion "C" Removed				
		PERSONAL INJURY	\$	\$

(Coverage shall be at least as broad as Insurance Service Office Form No. GL 0002 covering Comprehensive General Liability and Insurance Service Office Form No. GL 004 covering Broad Form Comprehensive General Liability; Broad Form Comprehensive General Liability; or Insurance Service Office Commercial General Liability coverage, Occurrence Form No. CG 0001).

AUTOMOBILE LIABILITY - "Occurrence" Policies Only

<input type="checkbox"/> Comprehensive Form	BODILY INJURY (EACH PERSON)	\$
<input type="checkbox"/> Owned	BODILY INJURY (EACH OCCURRENCE)	\$
<input type="checkbox"/> Hired	PROPERTY DAMAGE	
<input type="checkbox"/> Non-owned	BODILY INJURY PROPERTY DAMAGE COMBINED	\$

(Coverage shall be at least as broad as Insurance Service Office form number CA 0001 covering automobile liability, Code 1 "any auto" and endorsement number CA 0025.)

EXCESS LIABILITY - "Occurrence" Policies Only

<input type="checkbox"/> Umbrella form	BODILY INJURY & PROPERTY DAMAGE	\$
<input type="checkbox"/> Other than umbrella form	COMBINED	
WORKERS COMPENSATION <input type="checkbox"/> AND EMPLOYERS' LIABILITY	STATUTORY	\$ (EACH ACCIDENT)

(Coverage shall be as broad as required by the Labor Code of the State of California and Employer's liability coverage.)

BUILDERS RISK (FIRE "ALL RISK") - ☐ ON 100% OF COMPLETED VALUE BASIS
"Occurrence" Policies Only - \$

The following provisions apply:

1. The CITY OF COACHELLA, its officers, agents, employees, and consultants are hereby declared to be additional insureds on all of the above-mentioned described liability insurance policies, as respects the operations of the named insured at or from the premises of the CITY OF COACHELLA described above.

2. The above-described liability insurance policies are primary insurance and no insurance held or owned by the designated additional insureds shall be called upon or looked to in order to cover a loss under said policy; the CITY OF COACHELLA shall not be liable for the payment of premiums or assessments under these policies.

3. None of the above-described policies will be canceled, limited or non-renewed until thirty (30) days after receipt by the CITY OF COACHELLA or a written notice of such cancellation or reduction of coverage as evidenced by receipt of a registered letter.

4. The insured(s) issuing the above described workers' compensation and/or builders risk insurance policies waives all rights of subrogation against the CITY OF COACHELLA, its officers, agents, employees, and consultants, designated as additional insured.

5. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the CITY OF COACHELLA, the Owner's Representative, the Engineer/Architect and their officers, agents, employees, consultants, and volunteers.

6. The named insured(s) insurance coverage shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insured's liability.

Insurance Agency: _____

Address: _____

Authorized Representative: _____

Phone: _____ Date: _____