



CITY OF HUNTINGTON BEACH
2000 Main Street, Huntington Beach, CA 92648-2702
Email: michelle.roesner@surfcity-hb.org
Phone: 714-536-5434
Fax: 714-374-1654

Insurance Requirements vary for different applicants.

Please see the below listed applicant types followed by the insurance requirements.

City of Huntington Beach Resolution 2008-63 requires that contractors, permittees, licensees/lessees, and vendors have an approved Certificate of Insurance on file with the City of Huntington Beach for the issuance of any permit or city contract.

The insurance certificate must be approved by the City Attorney's Office as to meeting all of the city's insurance requirements. An original certificate is required or a PDF version attached to an email may be forwarded. If the insurance certificate is faxed, it must come directly from the insurance provider to the City of Huntington Beach. All insurance must be from a California admitted carrier with a current A.M. Best's Rating of no less than A:VII

- 1. CONTRACTORS** – Any persons or entities or Contract with the City and/or provide service to the City which are readily available and efficiently procured by competitive bidding.
Requirements: General Liability, Workers' Compensation, Auto Liability, Additional Insured Endorsements
- 2. DESIGN PROFESSIONALS** – Professional Service contractors who contract with the City and/or provide architectural and/or engineering services to the City.
Requirements: Errors and Emissions (Professional Liability) \$1,000,000 coverage
- 3. LICENSEES/LESSEES** – any person or entities who make contract with the city for the use of public property.
Requirements: General Liability, Workers' Compensation, Property Insurance, Additional Insured Endorsement
- 4. PERMITEES** – any persons or entities who make application to the City for any use of encroachment upon any street, waterway, pier, or City property.
Requirements: General Liability, Workers' Compensation, Auto Liability, Additional Insured Endorsements
- 5. PROFESSIONAL SERVICES** – means those services, which involve the exercise of professional discretion and independent judgment on an advanced or specialized knowledge, expertise or training gained by formal studies or experience or services which are not readily or efficiently procured by competitive bidding pursuant to Huntington Beach Municipal Code Section 3.02. Such Services shall include but not be limited to those services provided by appraisers, architects, attorneys, engineers, instructors, insurance advisors, physicians and other specialized consultants.
Requirements: Errors and Emissions (Professional Liability) \$1,000,000 coverage

Private Property Work Permit Requirements – If the planned work does not involve public property or its right-of-way (e.g. sidewalk/street), the Workers' Compensation Certificate is the only insurance requirement. However, if the work site is adjacent or attached to public property, the City Attorney's Office must be informed for consideration of liability and decides whether or not to approve the certificate with a specific "Private Property Only" approval stamp.

- **General Liability (G/L)** – The general liability requirement is for \$1,000,000 with "per occurrence" type claims coverage and a separate "Additional Insured Endorsement" page listing both the policy number and naming the "City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers" as additional insured on the endorsement. (see below for Additional Insured requirements)
- **Additional Insured Endorsement Requirements** – The City, its officers, elected or appointed officials, employees, agents and volunteers are to be specifically named and covered as additional insureds by separate attached endorsement(s) as respects liability arising out of action performed by or on behalf of the contractor, products and completed operations of the contractor, premises owned, occupied or used by the contractor, or automobiles owned, leased or borrowed by the contractor. The coverage shall contain no special limitations on the scope of protection afforded to the City, its agents, officers, and employees. The endorsement should include the policy number it correlates to.

- **Primary Insurance** – General Liability Insurance coverage shall be primary insurance as respects the City, its agents, officers, and employees. Any insurance or self-insurance maintained by the City, its agents, officers, and employees shall be excess of the submitted insurance and shall not contribute with it.
- **Description of work** – The staff contact and purpose of the evidence of coverage must be identified on the certificate of insurance.
- **Automotive Insurance** – Automobile insurance requirement is for \$1,000,000 and a separate “Additional Insured Endorsement” page listing both the policy number and naming the “*City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers*” as additional insured on the endorsement. The City of Huntington Beach has a zero deductible/SIR requirement.
- **Worker’s Compensation Insurance (W/C)** – The Worker’s Compensation insurance requirement is the State statutory limits of \$250,000 bodily injury by disease, policy limit, and \$100,000 bodily injury each employee for accident or disease per occurrence. Certificate holder listed on the certificate is:

City of Huntington Beach, 2000 Main Street, Huntington Beach, CA 92648-2702.

If your organization/company has no compensated employees working on the project, you may complete and return a “Non-Employer Status” form to be used in lieu of a W/C insurance certificate.

- **Cancellation Clause Notice** – The cancellation clause must contain a thirty- (30) day notice. A ten (10) day notice for non-payment of premium is acceptable in combination with 30-day notice.
- **Professional Liability** – Coverage must be provided at a minimum of \$1,000,000 per occurrence and in the aggregate.
- **Deductibles** – The following deductibles are acceptable and all others must be removed from the insurance policy or a waiver can be requested (see below) :
 - **General Liability** - \$5,000
 - **Auto Liability** - \$1,000
 - **Professional Liability/Errors & Emissions** - \$10,000
- **Waiver Procedure** – If unable to comply with a requirement, the “INSURED” may request a waiver of a specific requirement. The Insurance Waiver form is an internal form that the City of Huntington Beach will complete. ***The exception to the waiver is the G/L & Auto “Additional Insured Endorsement” page.***

Waiver Procedure

To request a waiver, indicate here and provide a brief description (1 – 2 sentences) of the proposed work/project, its dollar value (if not a specific dollar amount, use an average, annual estimate or non-profit) and projected timeframe (per job or as-needed basis).

For substantial dollar deductible/SIR amounts, a financial statement is required (Balance Sheet, Budget Reports, Dun & Bradstreet Report, etc.).

Waiver Requested: _____

Encroachment Permit Private Property Work Permit Consultant Services

Other: _____

Proposed Work: _____

Dollar Value: _____

Projected Timeframe: _____

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER	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.	
INSURED	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 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 AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

SPECIMEN COPY

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

CERTIFICATE HOLDER 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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
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IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

POLICY NUMBER: _____

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

SCHEDULE

Name of Person or Organization:

**CITY OF HUNTINGTON BEACH
2000 MAIN STREET
HUNTINGTON BEACH, CA 92648-2702**

(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.

RE: ALL OPERATIONS OF THE NAMES INSURED FOR THE CERTIFICATE HOLDER.

CITY OF HUNTINGTON BEACH, ITS ELECTED OR APPOINTED OFFICIALS, AGENTS, OFFICERS, EMPLOYEES, AND VOLUNTEERS.

*****THIS IS A SAMPLE ENDORSEMENT PAGE WHICH MUST BE A SEPARATE PAGE FROM THE CERTIFICATE OF LIABILITY***

In order to be approved by the City Attorney, all wording noted in **red**, must be exact.



CITY OF HUNTINGTON BEACH
2000 Main Street, Huntington Beach, CA 92648-2702

DECLARATION OF PERMITTEE

I certify that no vehicle(s) will be used or operated in the performance of the task(s) or event(s) for which this permit is granted.

I authorize the City of Huntington Beach to immediately and retroactively revoke the license or permit issued in connection with or in the performance of said task(s) or events(s) if any vehicle(s) is used.

Signature of Permittee: _____

Print Name: _____

Company Name (if applicable): _____

Date Signed: _____

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

POLICY NUMBER: 17
CERTIFICATE EXPIRES:

CITY OF HUNTINGTON BEACH
RISK MANAGEMENT
2000 MAIN STREET
HUNTINGTON BEACH, CA 92648

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 ³⁰ten days' advance written notice to the employer.

We will also give you ³⁰ten days' advance notice should this policy be cancelled prior to its normal expiration.

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

Ke Boldier
PRESIDENT

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

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 07/01/00 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

EXHIBIT A-4 of 4



CITY OF HUNTINGTON BEACH
2000 Main Street, Huntington Beach, CA 92648-2702

Declaration of Non-Employer Status

The State of California requires every enterprise or business to provide workers compensation insurance coverage. If you have no employees, you may make a declaration to that effect by completing and signing this form and returning to:

City of Huntington Beach
2000 Main Street
Huntington Beach, CA 92648-2702

I certify that in the performance of the activity or work for which this permit is issued, I shall not employ any person in any manner so as to become subject to California Workers' Compensation Insurance requirements.

I authorize the City of Huntington Beach to immediately and retroactively revoke the license or permit issued under this declaration if I hire any employee(s) or become subject to the provision of the laws requiring Workers' Compensation Insurance.

Company / Organization: _____

Address: _____

Applicant [please print]: _____

Title, if any: _____

Applicant's Signature: _____

Date Signed: _____

Telephone Number: _____