



# CITY OF REDONDO BEACH

## DEPARTMENT OF ENGINEERING & BUILDING SERVICES

# INSURANCE REQUIREMENTS

### COVERAGE

- I. **PRIOR TO COMMENCEMENT OF WORK, AND FOR THE LIFE OF THE ENGINEERING PERMIT, ANY ENTITY PERFORMING WORK IN THE PUBLIC RIGHT-OF-WAY SHALL PROVIDE EVIDENCE OF COMMERCIAL GENERAL LIABILITY INSURANCE WITH LIMITS NOT LESS THAN ONEMILLIONDOLLARS (\$1,000,000) PER OCCURRENCE. ANY GENERAL AGGREGATE MUST APPLY SEPARATELY PER PROJECT. SUCH INSURANCE SHALL NOT BE CANCELLED EXCEPT UPON 30 DAYS NOTICE TO THE CITY. ANY SELF-INSURED RETENTION ON THE POLICY MUST BE DISCLOSED.**

### CERTIFICATE

- I. **A CERTIFICATE OF INSURANCE EVIDENCING COMPLIANCE WITH ALL THE INSURANCE REQUIREMENTS MUST BE SUBMITTED PRIOR TO PROJECT INCEPTION.**

### ENDORSEMENT

- I. **SUCH INSURANCE SHALL CONTAIN ENDORSEMENT(S) WHICH:**
  - i. **NAME THE CITY OF REDONDO BEACH, ITS OFFICERS, ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, AND VOLUNTEERS AS ADDITIONAL INSUREDS WITH RESPECT TO ANY LIABILITY ARISING OUT OF WORK OR OPERATIONS PERFORMED BY OR ON BEHALF OF THE INSURED.**
  - ii. **STATE THAT COVERAGE IS PRIMARY AND SHALL NOT CONTRIBUTE WITH ANY INSURANCE OR SELF-INSURANCE MAINTAINED BY THE CITY.**
  - iii. **CONTAIN THE COMMERCIAL GENERAL LIABILITY POLICY NUMBER.**

### FILING

- I. **ALL REQUIRED CERTIFICATES OF INSURANCE AND ENDORSEMENTS MUST BE SUBMITTED AS *ONE PACKAGE* AND FILED, BY MAIL OR IN PERSON, AT THE FOLLOWING ADDRESS:**

**CITY OF REDONDO BEACH  
DEPARTMENT OF ENGINEERING AND BUILDING SERVICES  
415 DIAMOND STREET  
REDONDO BEACH, CA. 90277**

- I. **THE REVIEW PROCESS MAY TAKE UP TO *TEN (10) WORKING DAYS*.**

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 37 07 04

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

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	<b>Location And Description Of Completed Operations</b>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 37 10 01

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

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name of Person or Organization:</b>
<b>Location And Description of Completed Operations:</b>
<b>Additional Premium:</b>

(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 the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

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 COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

*The City of Redondo Beach, its officers, elected and appointed officials,  
employees, and volunteers*

(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 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.

*This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.*

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 37 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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Name of Person or Organization:

*The City of Redondo Beach, its officers, elected and appointed officials, employees,  
and volunteers*

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Location And Description of Completed Operations:

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Additional Premium:

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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 the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard"

*This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.*

GENERAL LIABILITY ENDORSEMENT  
CITY OF REDONDO BEACH  
415 DIAMOND STREET  
REDONDO BEACH, CA 90277

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**POLICY INFORMATION**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Policy Term (From) \_\_\_\_\_ (To) \_\_\_\_\_ Endorsement Effective Date \_\_\_\_\_  
Named Insured \_\_\_\_\_  
Address of Named Insured \_\_\_\_\_  
Limit of Liability any One Occurrence/Aggregate \$ 1,000,000 / \$ 2,000,000  
General Liability Aggregate Applies Separately to This Project/Location: Yes \_\_\_\_\_ No \_\_\_\_\_  
Deductible or Self-Insured Retention (None unless otherwise specified): \_\_\_\_\_  
Coverage is equivalent to Commercial General Liability occurrence form CG 0001: Yes \_\_\_\_\_ No \_\_\_\_\_

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**POLICY AMENDMENTS**

1. WHO IS AN INSURED (Section II) is amended to include as an insured the City of Redondo Beach, its officers, elected and appointed officials, employees, and volunteers, but only with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by *certified mail return receipt* requested has been given to the City.

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**INCIDENT AND CLAIM REPORTING PROCEDURE**

Incidents and claims are to be reported to the insurer at:

\_\_\_\_\_  
(Name/Department)  
\_\_\_\_\_  
(Company)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City/State/Zip)  
\_\_\_\_\_  
(Phone)

**SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER**

I, \_\_\_\_\_ (print/type name), warrant that I have authority to bind the below listed insurance company and by my signature hereon do so bind this company.

\_\_\_\_\_  
Signature - Authorized Representative / Title  
\_\_\_\_\_  
Organization  
\_\_\_\_\_  
Address/Telephone  
\_\_\_\_\_  
Date

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

**BLANKET ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)**

**CG 20 10 11 85**

**SCHEDULE**

**Name of Person or Organization:**

Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by this policy **and is approved by the Company in writing within 30 days** of the inception of the contract or agreement, or the inception of this policy, whichever is later.

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 following additional provisions apply to any entity that is an insured by the terms of this endorsement:

1. Primary Wording

If required by written contract or agreement: Such insurance as is afforded by this policy shall be primary insurance, and any insurance or self-insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the named insured and shall not contribute to it.

2. Waiver of Subrogation

If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an additional insured per the terms of this endorsement because of payments we make for injury or damage arising out of “your work” done under a contract with that person or organization.

3. Neither the coverages provided by this insurance policy nor the provisions of this endorsement shall apply to any claim arising out of the sole negligence of any additional insured or any of their agents/employees.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date