

CITY OF SAN LEANDRO  
**FINANCE DEPARTMENT**



**PAULINE CUTTER**  
Mayor

**CIVIC CENTER**  
835 East 14<sup>th</sup> Street • San Leandro, CA 94577  
Telephone 510-577-3372 • Fax 510-577-3312

**SUSAN HSIEH**  
Finance Director

**FORWARD TO YOUR INSURANCE AGENT – Reply within 4 business days**

**PRIOR** to performing services for the City of San Leandro, the city must have a **current** Certificate of Insurance and endorsements on file for all companies and consultants.

The requested certificate(s) and endorsements should be received in this office as soon as possible and in **accordance with the required specifications**, so that we may continue our business relationship uninterrupted.

Our records indicate we do not have a current certificate(s) and/or endorsements on file for your company for one or more of the following types of insurance coverage.

Vendor - \_\_\_\_\_ Fax - \_\_\_\_\_ Date - \_\_\_\_\_

**REQUIRED INSURANCE TO PROVIDE SERVICE**

- \_\_\_\_\_ 1. **Worker’s Compensation** – refer to page two
- \_\_\_\_\_ 2. **Commercial General Liability** – refer to page two (Any work on City property requires Gen. Liability Insurance)
- \_\_\_\_\_ 3. **Automobile Liability** - refer to page two
- \_\_\_\_\_ 4. **Hazardous Waste Haulers** - refer to page two
- \_\_\_\_\_ 5. **Pollution Legal Liability** – refer to page two
- \_\_\_\_\_ 6. **Professional Liability** - refer to page two
- \_\_\_\_\_ 7. **Endorsement Additional Insured** - refer to page two (**Must read as stated on page two**)
- \_\_\_\_\_ 8. **Endorsement for Waiver of Subrogation** – refer to page two
- \_\_\_\_\_ 9. **Endorsement for Primary Insurance** - refer to page two
- \_\_\_\_\_ 10. **Acceptability of Insurers “A.M. Best rating”** - refer to page two
- \_\_\_\_\_ 11. **30 Day Cancellation Notice** - refer to page two (**Read in full**)
- \_\_\_\_\_ 12. **Mailing Address and Certificate Holder Name** - refer to page two

**EMAIL A COPY** of your insurance certificate(s) to [sperez@sanleandro.org](mailto:sperez@sanleandro.org) and/or [Inaranjo@sanleandro.org](mailto:Inaranjo@sanleandro.org) so that we may begin processing the paperwork.

A hard copy must be mailed to the address stated below:

**Insurance Certificates must be mailed to:** City of San Leandro  
Finance Department  
835 East 14<sup>th</sup> Street, 2<sup>nd</sup> Floor  
San Leandro, CA 94577

If you have any questions, please contact the City Risk Management Analyst at 510-577-3487 or [Inaranjo@sanleandro.org](mailto:Inaranjo@sanleandro.org).

<b>FORWARD TO YOUR INSURANCE AGENT</b>
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- \_\_\_ 1. **Workers' Compensation Insurance** in accordance with the provisions of section 3700 of the California Labor Code. This policy shall include employer's liability insurance with limits of at least \$1,000,000. Include a cover sheet stating that the business is a sole proprietorship, if applicable. Endorsements for Waiver of Subrogation must also be provided.
- \_\_\_ 2. **Commercial General Liability Insurance** in the minimum amounts indicated below or such additional amounts as may be determined by the City Risk Management Analyst or designee, including, but not limited to, Contractual Liability Insurance (specifically concerning the indemnity provisions of any purchase order or agreement with the City), Products-Completed Operations Hazard, Personal Injury (including bodily injury and death), and Property Damage for liability arising out of vendor's performance of work for the City. Vendors, exhibitors, etc. utilizing City of San Leandro facilities shall also be required to possess such coverage. Said insurance shall have minimum limits for Bodily Injury and Property Damage liability of \$1,000,000 each occurrence and \$2,000,000 aggregate, and/or in compliance with California Joint Powers Risk Management Authority (CJPRMA) risk analysis requirements. Endorsements for City as Additional Insured, Waiver of Subrogation and Primary Insurance must be provided. Please refer to your agreement as the requirements may be higher.
- \_\_\_ 3. **Automobile Liability Insurance** against claims of Personal Injury (including bodily Injury and death) and Property Damage covering all owned, leased, hired and non-owned vehicles used in the performance of services pursuant to a purchase order or agreement with the City with minimum limits for Bodily Injury and Property Damage liability of \$1,000,000 each occurrence, and/or in compliance with CJPRMA risk analysis requirements. Endorsements for City as Additional Insured, Waiver of Subrogation and Primary Insurance must be provided. Please refer to your agreement as the requirements may be higher.
- \_\_\_ 4. **Hazardous Waste Haulers** – Commercial Auto Policy (\$1,000,000.00) with the following endorsement: "CA 99 48 12 93 – "Pollution Liability – Broadened Coverage for Covered Autos – Business Auto, Motor Carrier and Truckers Coverage Forms"
- \_\_\_ 5. **Contractors' Pollution Legal Liability** and/or Asbestos Legal Liability and/or Errors & Omissions (if project involves environmental hazards) with limits no less than \$1,000,000 per occurrence and \$2,000,000 aggregate. Please refer to your agreement as the requirements may be higher.
- \_\_\_ 6. **Professional Liability (Errors and Omissions) Insurance**, for liability arising out of, or in connection with, the performance of all required services under an agreement with the City, with limits of not less than \$1,000,000 per claim and \$2,000,000 aggregate, unless otherwise indicated by the City Risk Management Analyst or designee. Please refer to your agreement as the requirements may be higher.
- \_\_\_ 7. **Additional Insured** – Commercial General Liability, and Automobile Liability. **Insurance shall include an endorsement naming the City of San Leandro and City's council members, officials, officers, agents, employees, and volunteers as additional insured's.**
- \_\_\_ 8. **Waiver of Subrogation** – All insurance policies shall include a waiver of subrogation in favor of the City for all required work/services under an agreement with the City.
- \_\_\_ 9. **Primary Insurance** for Commercial General Liability and Automobile Liability must be included in an authorized endorsement.
- \_\_\_ 10. **Acceptability of Insurers – A.M. Best rating** – All insurance shall be issued by a company or companies admitted to do business in California. All insurance is to be placed with insurers with a current A.M. Best's rating of no less than A;VII. Any exception to these requirements must be approved by the City Risk Management Analyst or designee. The City Risk Management Analyst or designee may require a higher rating depending on the nature of the goods and/or services being provided.
- \_\_\_ 11. **30-Day Cancellation Notice** - The above stated insurance coverage's required to be maintained by the vendor shall be maintained until the completion of all of vendor's obligations under any purchase order or agreement, and shall not be reduced, modified, or canceled without thirty (30) days prior written notice to the City Risk Management Analyst or designee. Vendor shall immediately obtain replacement coverage for any insurance policy that is terminated, canceled, non-renewed, or whose policy limits have been exhausted or upon insolvency of the insurer that issued the policy.
- \_\_\_ 12. **Mailing Address and Certificate Holder Name** – City of San Leandro  
Attn: Finance Department  
835 East 14<sup>th</sup> Street 2<sup>nd</sup> Floor  
San Leandro, CA 94577