



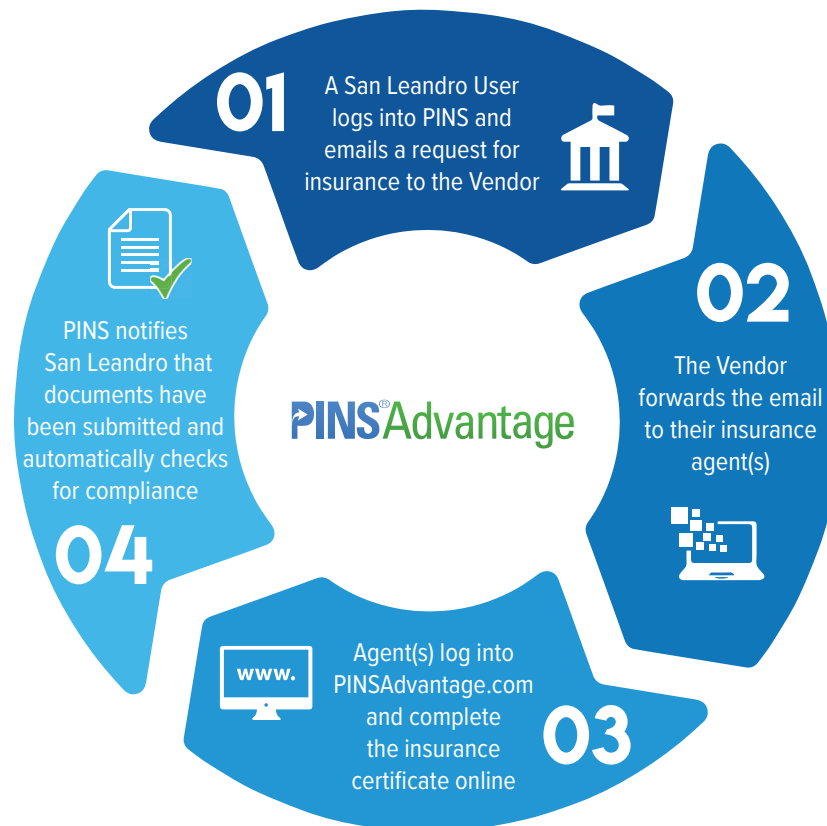
## The City of San Leandro is now using PINSAdvantage.com to track Insurance Certificates and all related documents.

### WHAT IS THE PROCESS?

PINS starts with **The City of San Leandro**. A **San Leandro User** logs into PINS and emails a request for insurance to the **Vendor**. The **Vendor** forwards the request email to their **Insurance Agent(s)**. The **Insurance Agent(s)** logs into [www.PINSAdvantage.com](http://www.PINSAdvantage.com) and completes the insurance certificate online.

**Note:** Vendors will receive the insurance request email from: [no-reply@pinsadvantage.com](mailto:no-reply@pinsadvantage.com)

*Thank you for your compliance!*



**PINS<sup>®</sup>Advantage**

[www.pinsadvantage.com](http://www.pinsadvantage.com)  
+ 1 626 844 1838

<b>ENCROACHMENT PERMIT INSURANCE REQUIREMENTS (Effective 1/1/2022) *</b>			
<b>INSURANCE REQUIREMENTS</b>	<b>Gen Liability Occurance</b>	<b>Auto Liability</b>	<b>Workers' Comp</b>
<b>ENDORSEMENT REQUIREMENTS</b>	1 Primary 2 Add'l Ins	NONE	NONE
<b>MINOR LIMITS</b>	<b>\$3,000,000</b>	<b>\$2,000,000</b>	<b>\$1,000,000</b>
Concrete work commercial – major (> 50 sq ft)			
Trenching – Joint			
Arterial or Collector Streets			
<b>MAJOR LIMITS</b>	<b>\$5,000,000</b>	<b>\$5,000,000</b>	<b>\$1,000,000</b>
Utilities (PG&E, EBMUD, AT&T, Comcast, Fiberoptic, Oro Loma) *			
Transportation (AC Transit, BART, UPRR, BAIFA, ACTC) *			
Other Agencies *			

\*Acceptability of Insurers: Insurance is to be placed with insurers with A.M. Best's rating of A or better (NOTE: Does not apply to self-insurance)

\*\*Self-insured Agencies MUST provide the following:

1. Statement of Self-Insurance
2. Statement MUST include City of San Leandro as additionally insured

**Primary Insurance** for Commercial General Liability and Automobile Liability must be included in an authorized endorsement.

**Commercial General Liability Insurance** in the minimum amounts indicated or such additional amounts as may be determined by the City Risk Management Analyst or designee, including, but not limited to, Contractual Liability Insurance, Personal Injury (including bodily injury and death), and Property Damage for liability arising out of vendor's performance of work for the City. Said insurance shall have minimum limits for Bodily Injury and Property Damage liability of \$3,000,000 each occurrence and \$6,000,000 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.

**Automobile Liability Insurance** against claims of Personal Injury (including bodily Injury and death) and Property Damage covering all owned, lease, 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 \$2,000,000 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.

**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.

**Workers' Compensation Insurance** in accordance with 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 be provided.

**Additional Insured** Commercial General Liability, and Automobile Liability. Insurance shall include an endorsement naming the **CITY OF SAN LEANDRO, ITS OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, AND VOLUNTEERS ARE TO BE COVERED AS ADDITIONAL INSURED. COVERAGE IS PRIMARY AND NONCONTRIBUTORY PER THE ATTACHED FORM(S).**

**Acceptability of Insureds – A.M. Best Rating** - All insurance shall be issued by a company or companies admitted doing 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.

**30-Day Cancellation Notice** – The above stated insurance coverages 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.

**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



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

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL  
AGENCY OR SUBDIVISION OR POLITICAL  
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<p><b>State Or Governmental Agency Or Subdivision Or Political Subdivision:</b>  CITY OF SAN LEANDRO  835 EAST 14TH STREET  SAN LEANDRO, CA 94577</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

**A. Section II – Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision 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 governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

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

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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

## **PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### **Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

