1. Login to PINS at [https://pinsadvantage.com/](https://pinsadvantage.com/) and select “LOGIN/REGISTER”.

2. Select “REGISTER HERE”.
3. Enter your unique Job Code as seen in the PINS generated SAMPLE email below and select “CONTINUE”.

![Sample Email]

**Email**

Subject: Insurance Certificate Request from City of San Leandro

Date:

From: 

To: Risk Test

CC: 

Message:

City of San Leandro is requesting proof of insurance for

We have automated our insurance certificate tracking using PINS Advantage. Your agent will need to provide us with the insurance certificate and any associated documentation through the following website: [https://www.pinsadvantage.com/](https://www.pinsadvantage.com/)

Please forward this email to any Agent handling your insurance.

Please follow the instructions below:

1. Logging onto PINSAdvantage.com
2. Register as new Agent
3. Enter this Job Code: **6AHRUJ108506**
4. Complete Agent Registration
5. Log in using User Name and Password
6. Click to the left side of page to add Certificate
7. Enter this Job Code: **6AHRUJ108506**
8. Complete sections of the Certificate applicable to your Agency, and include the required Endorsements

Thank you,
4. Enter all *applicable* “AGENT REGISTRATION” fields and select “CREATE ACCOUNT”.

5. Select “Add Certificate”.

If you are not an insurance agent/broker, please enter “Not Applicable” or “N/A”.

---

INSTRUCTIONS FOR VENDOR/CONSULTANT/BROKER
REGISTERING AND UPLOADING CERTIFICATES OF INSURANCE IN PINS

4. Enter all *applicable* “AGENT REGISTRATION” fields and select “CREATE ACCOUNT”.

5. Select “Add Certificate”.

If you are not an insurance agent/broker, please enter “Not Applicable” or “N/A”.

---
6. Enter your unique “Job Code” again and select “Continue”.

7. Follow the next steps to complete all applicable insurance policy(s).
INSTRUCTIONS FOR VENDOR/CONSULTANT/BROKER
REGISTERING AND UPLOADING CERTIFICATES OF INSURANCE IN PINS

1. Select from the drop down list OR

3. Select Company A – H to add carrier as seen on your certificate Acord form, refer to SAMPLE excerpt below

---

SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHT UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT CONSTITUTE OR Necessarily AFFORD ANY SECURITY, GUARANTEE, OR ENSURE ANY FORM OF COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT FORM A CONTRACT OF INSURANCE BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER
INSURANCE COMPANY NAME
COMPANY ADDRESS

INSURED
INSURED NAME/ADDRESS
(CONSULTANT/CONTRACTOR/VENDOR)

INSURER(S) AFFORDING COVERAGE NAIC \\
INSURER A: PROVIDES GENERAL LIABILITY # is required
INSURER B: PROVIDES AUTOMOBILE LIABILITY # is required
INSURER C: PROVIDES WORKERS COMPENSATION LIABILITY # is required
INSURER D: PROVIDES UMBRELLA/EXCESS LIABILITY # is required
INSURER E: PROVIDES OTHER LIABILITY # is required

COVERAGES

CERTIFICATE NUMBER
REVISION NUMBER

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
INSTRUCTIONS FOR VENDOR/CONSULTANT/BROKER
REGISTERING AND UPLOADING CERTIFICATES OF INSURANCE IN PINS

---

Insurance Company refers to the insurance carrier (selected above)

Check this box within sections if/when you do not carry a specific policy (i.e. multiple insurance brokers)
### Workers Compensation

<table>
<thead>
<tr>
<th>Required Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.L. Each Accident: $1,000,000</td>
</tr>
<tr>
<td>E.L. Disease - Ex Employee: $1,000,000</td>
</tr>
<tr>
<td>E.L. Disease - Policy Limit: $1,000,000</td>
</tr>
</tbody>
</table>

**Insurance Company:**

**Policy Number:**

**Effective Date:**

**Expiration Date:**

**Add Additional Policy**

**Remove Policy**

### Errors & Omissions

**I do not handle this policy**

**Required Limit:** $1,000,000

**Insurance Company:**

**Policy Number:**

**Effective Date:**

**Expiration Date:**

**Add Additional Policy**

**Remove Policy**

**Limit:**
INSTRUCTIONS FOR VENDOR/CONSULTANT/BROKER
REGISTERING AND UPloading CERTIFICATES OF INSURANCE IN PINS

Professional Liability

<table>
<thead>
<tr>
<th>I do not handle this policy</th>
<th>Required Limit: $1,000,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company:</td>
<td>Add Additional Policy</td>
</tr>
</tbody>
</table>

Policy Number:  
Limit:  
Effective Date:  
Expiration Date:  

Loan/Project

Project Name: Housing Services

Description of operations, Locations/Vehicles/Special items

City of San Leandro, its officers, officials, employees, and volunteers are to be covered as additional insureds

Certificate Holder

Client: City of San Leandro
Phone:
Fax:

Contact:
Email:
Phone:

Address: 835 East 14th St
City: San Leandro
State: CA
Zip: 94577

Authorized Representative:
8. Select “Save and Continue”.

<table>
<thead>
<tr>
<th>Required Endorsement(s)</th>
<th>*Upload required Endorsement(s) after saving the Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACORD Form</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>Additional Insured Endorsement - General Liability</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>Additional Insured Endorsement - Automobile Liability</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>Primary Wording &amp; Non Contributory Endorsement - General Liability</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>Primary Wording &amp; Non Contributory Endorsement - Automobile Liability</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>Waiver of Subrogation - General Liability</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>Waiver of Subrogation - Automobile Liability</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>Waiver of Subrogation - Worker’s Compensation</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>30 Day Notice of Cancellation</td>
<td>Need to upload document</td>
</tr>
<tr>
<td>Insurance Declaration Page</td>
<td>Need to upload document</td>
</tr>
</tbody>
</table>

[Save and Continue button]
9. Proceed with uploading all required endorsements by selecting “Choose File” button to download from your computer and select “Upload Selected Documents” to finalize.