

**CERTIFICATE OF INSURANCE  
TO  
CITY OF NEWARK  
CALIFORNIA ("the City")  
A Municipal Corporation**

Only this Certificate  
of Insurance form will  
be accepted

This certifies to the City of Newark that the following described policies have been issued to the insured named below and are in force at this time.

Insured \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Description of operations/locations/products insured (show contract name and/or number, if any): \_\_\_\_\_  
\_\_\_\_\_

POLICIES AND INSURERS	LIMITS		POLICY NUMBER	EXPIRATION DATE
	Bodily Injury	Property Damage		
<b>Workers Compensation</b>  _____ (Name of Insurer)  Best's Rating _____	Employer's Liability \$ _____			
Check policy type: <b>Comprehensive General Liability</b> <input type="checkbox"/> Or <b>Commercial General Liability</b> <input type="checkbox"/>  _____ (Name of Insurer)  Best's Rating _____	"Claims-made" <input type="checkbox"/>  Each Occurrence \$ _____  Aggregate \$ _____	"Occurrence" <input type="checkbox"/>  Each Occurrence \$ _____  Aggregate \$ _____		
<b>Business Auto Policy</b> Liability Coverage Symbol _____  _____ (Name of Insurer)  Best's Rating _____	Each Person \$ _____  Each Accident \$ _____	Each Accident \$ _____  or Combined Single Limit \$ _____		
<b>Umbrella Liability</b>  _____ (Name of Insurer)  Best's Rating _____	"Claims-made" <input type="checkbox"/> "Occurrence" <input type="checkbox"/>  Occurrence/ Aggregate \$ _____  Self-Insured Retention \$ _____			

The following coverage or conditions are in effect:	Yes	No
The City, its officials and employees are named on all liability policies described above as insureds as respects: (a) activities performed for the City by or on behalf of the named insured, (b) products and completed operations of the Named Insured, and (c) premises owned, leased or used by the Named Insured.		
Products and Completed Operations		
The undersigned will mail to the City 30 days written notice of cancellation or reduction of coverage or limits.		
Cross Liability Clause (or equivalent wording)		
Personal Injury, Perils A, B, and C		
Broad Form Property Damage		
X, C, U Hazards included		
Contractual Liability Coverage applying to this Contract		
Liquor Liability		
Coverage afforded the City, its officials, employees and volunteers as Insured applies as primary and not excess or contributing to any insurance issued in the name of the City.		
Waiver of subrogation from Workers' Compensation insurer.		

This certificate is issued as a matter of information. This certificate 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.

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*Agency or Brokerage*

*Insurance Company*

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*Address*

*Home Office*

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*Name of Person to be Contacted*

*Authorized Signature*

*Date*

( )

*Telephone Number*

*Note: Authorized signatures may be the agent's if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of official of insurer.*

**GENERAL LIABILITY ENDORSEMENT  
CITY OF NEWARK  
ENGINEERING DEPARTMENT  
37101 Newark Boulevard  
Newark, CA 94560**

**A. POLICY INFORMATION**

1. Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_
2. Policy Term (From) \_\_\_\_\_ (To) \_\_\_\_\_ Endorsement Effective Date \_\_\_\_\_
3. Named Insured \_\_\_\_\_
4. Address of Named Insured \_\_\_\_\_
5. Limit of Liability Any One Occurrence/Aggregate \$ \_\_\_\_\_
6. Deductible of Self-Insured Retention (Nil unless otherwise specified): \$ \_\_\_\_\_
7. Coverage is equivalent to:
  - Comprehensive General Liability form GL 0002 (Ed. 1/73) \_\_\_\_\_
  - Commercial General Liability "occurrence" form CG 00001 \_\_\_\_\_
  - Commercial General Liability "claims-made" form CG 00002 \_\_\_\_\_
8. Bodily Injury and Property Damage Coverage is:
  - "claims made"
  - "occurrence"

If claims made, the retroactive date is \_\_\_\_\_

*Note: The City's standard insurance requirements specify "occurrence" coverage. "Claims-made" coverage requires special approval.*

**B. POLICY AMENDMENTS**

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. **INSURED.** The City of Newark, herein referred to as "the City", its elected or appointed officials, employees and volunteers are included as insureds with regard to damages and defense of claims arising from: (a) activities performed by or on behalf of the Named Insured, (b) products and completed operations of the Named Insured, or (c) premises owned, leased or used by the Named Insured.
2. **CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the Named Insured for or on behalf of the City; or (b) products sold by the Named Insured to the City; or (c) premises leased by the Named Insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its elected or appointed officials, employees or volunteers; or stand in an unbroken chain of coverage excess of the Named Insured's schedule underlying primary coverage. In either event, any other insurance maintained by the City, its elected or appointed officials, employees or volunteers shall be in excess of this insurance and shall not contribute to it.



**AUTOMOBILE LIABILITY ENDORSEMENT**  
**CITY OF NEWARK**  
ENGINEERING DEPARTMENT  
37101 Newark Boulevard  
Newark, CA 94560

**A. POLICY INFORMATION**

1. Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_
2. Policy Term (From) \_\_\_\_\_ (To) \_\_\_\_\_ Endorsement Effective Date \_\_\_\_\_
3. Named Insured \_\_\_\_\_
4. Address of Named Insured \_\_\_\_\_
5. Limit of Liability Any One Occurrence/Aggregate \$ \_\_\_\_\_
6. Deductible of Self-Insured Retention (Nil unless otherwise specified): \$ \_\_\_\_\_

**B. POLICY AMENDMENTS**

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. **INSURED.** The City of Newark, herein referred to as "the City", its elected or appointed officials, employees and volunteers are included as insureds with regard to damages and defense of claims arising from: the ownership, operation, maintenance, use, loading or unloading of any auto owned, leased, hired or borrowed by the Named Insured, regardless of whether liability is attributable to the Named Insured or a combination of the Named Insured and the City, its elected or appointed officials, employees or volunteers.
2. **CONTRIBUTION NOT REQUIRED.** As respects work performed by the Named Insured for or on behalf of the City, the insurance afforded by this policy shall: (a) be primary insurance as respects the City, its elected or appointed officials, employees or volunteers; or (b) stand in an unbroken chain of coverage excess of the Named Insured's primary coverage. In either event, any other insurance maintained by the City, its elected or appointed officials, employees or volunteers shall be in excess of this insurance and shall not contribute to it.
3. **SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
  - (1) Insurance Services Office form CA 0001 (Ed. 1/78), Code 1 ("any auto") and endorsement CA 0025.
  - (2) If excess, affords coverage which is at least as broad as the primary insurance forms referenced in the preceding section (1).
4. **SEVERABILITY OF INTEREST.** The insurance afforded by this policy applies separately to each insured who is seeking coverage or against whom a claim is made or a suit is brought, except with respects to the Company's limit of liability.
5. **PROVISIONS REGARDING THE INSURED'S DUTIES AFTER ACCIDENT OR LOSS.** Any failure to comply with reporting provisions of the policy shall not affect coverage provided to the City, its elected or appointed officials, employees or volunteers.
6. **CANCELLATION NOTICE.** The insurance afforded by this policy shall not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the City by certified mail (return receipt requested). Such notice shall be addressed as shown in the heading of this endorsement.



**WORKERS' COMPENSATION/EMPLOYERS  
LIABILITY ENDORSEMENT  
CITY OF NEWARK  
ENGINEERING DEPARTMENT  
37101 Newark Boulevard  
Newark, CA 94560**

**A. POLICY INFORMATION**

1. Insurance Company \_\_\_\_\_ ("the Company");  
Policy Number \_\_\_\_\_
2. Effective Date of This Endorsement \_\_\_\_\_
3. Named Insured \_\_\_\_\_
4. Employer's Liability Limit (Coverage B) \_\_\_\_\_

**B. POLICY AMENDMENTS**

In consideration of the policy premium and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. **CANCELLATION NOTICE.** The insurance afforded under this policy shall not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the City by certified mail (return receipt requested). Such notice shall be addressed as shown in the heading of this endorsement.
2. **WAIVER OF SUBROGATION.** The insurance Company agrees to waive all rights of subrogation against the City, its elected or appointed officials, agents and employees for losses paid under the terms of this policy which arise from work performed by the Named Insured for the City.

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

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

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED REPRESENTATIVE (*Note: Original signature  
required on endorsement furnished to the City*)

ORGANIZATION: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_