



CITY OF DANA POINT

PUBLIC WORKS – ENGINEERING SERVICES
33282 Golden Lantern, Suite 212
Dana Point, Ca 92629
949.248.3554 (www.danapoint.org)

ITEMS REQUIRED WITHIN INSURANCE CERTIFICATE WHEN PERFORMING WORK WITHIN PUBLIC RIGHT-OF WAY

****Please forward this document to your insurance company/agent with a request they provide documents directly to the City. You can contact Public Works Permit Administration at 949-248-3589 if you have any questions regarding this process.**

The following are Insurance reminders in order to gain approval for an Encroachment Permit within the City of Dana Point.

PLEASE INCLUDE ALL APPLICABLE CHECK LIST ITEMS IN YOUR INSURANCE CERTIFICATE DOCUMENTS

APPLIES TO ALL WORK WITHIN PUBLIC RIGHT-OF-WAY: SUBMIT ALL ITEMS

- Please provide this document directly to your Insurance Agent and ask them to email certificate directly to a) Public Works Staff they are working with and b) PUBLCWORKScoord@danapoint.org

➔ Be sure to include Job Address or Company Name of the Insured in the Email Subject Line (i.e.; “Insurance Cert – Acme Landscaping” or “33801 Golden Lantern”)

- The named insured must be the same as permit applicant.
- The insurer providing coverage must have A.M.s best credit rating of A- OR BETTER
- General Liability minimum policy coverage level is \$1,000,000 each occurrence and \$2,000,000 aggregate.
- Date of certificate must be recent issued (within 30 days).
- Insurance must not be expired.
- The Certificate of Liability Insurance must list City of Dana Point as Certificate Holder
- Additional Insured endorsement page must name “The City of Dana Point, its employees, officials, and agents” as additional insured. The Additional Insured Endorsement must be for “State or Governmental Agency or Subdivision or Political Subdivision – Permits or Authorizations” (Examples attached).
- Endorsement Page(s) must include wording that your company’s insurance is “primary and non-contributory” with the City’s insurance (Example attached).

THIS PROJECT IMPACTS PUBLIC IMPROVEMENTS - COMPLETED OPS APPLIES

- Endorsement Page(s) to include clause for “Completed Operations” when proposed work impacts street, sidewalk or curb & gutter (Example attached).

POLICY NUMBER: _____

COMMERCIAL GENERAL LIABILITY
CG 20 12 07 98

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISIONS
- PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State or Political Subdivision:

City of Dana Point, its employees, officials, agents, and volunteers

(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 any state 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 political subdivision has issued a permit.
2. This insurance does not apply to:
 - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "Products-completed operations hazard".

CG 20 12 07 98

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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

State Or Governmental Agency Or Subdivision Or Political Subdivision:

City of Dana Point - Attn: Risk Manager;
33282 Golden Lantern;
Dana Point, CA 92629

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 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.

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".

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.

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

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p>Where required by written contract or written agreement.</p>	<p>All operations of the Named Insured.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

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".