



City of Burbank
PUBLIC WORKS DEPARTMENT
150 North Third Street
Burbank, California 91510-6459
Tel: 818 238 3950 Fax: 818 238 3999

Insurance Requirements for Public Works Permits

For purposes of issuing right-of-way Permits (Excavation, Street Use, Transportation, Encroachment, and others) the Public Works Department, City of Burbank requires applicants to furnish the City evidence of public liability insurance, in the form of (A) Certificate of Insurance and (B) Additional Insured Endorsement, prepared by their insurance company/agency, with information as indicated below:

1. Companies Affording Coverage
2. Named Insured
3. Policy Number
4. Effective and Expiration Dates
5. Signature of insurance agent or representative of the company affording coverage
6. The City of Burbank, its officers, and representatives named as Additional Insured
7. Cancellation to read "Should any of the above described policies be cancelled or modified before the expiration date thereof, the issuing company will mail 30 days written notice to the Certificate Holder"

(A) – CERTIFICATE OF INSURANCE preferably in the Accord form (see sample) shall contain, among other information, the following:

- a. Minimum coverage limits of:
\$1,000,000 aggregate General Liability (Applicable to all Permits)
or
\$1,000,000 combined Automobile Liability (Transportation Permit only)
- b. The CERTIFICATE HOLDER must be listed as:
City of Burbank
Public Works Department
P.O. Box 6459
Burbank, CA 91510-6459

(B) – ADDITIONAL INSURED ENDORSEMENT naming the City of Burbank as additional insured, in **either** the Form prepared by the City Attorney **or** the industry Form CG 20 12 or CG 20 26, applicable for the issuance of Permits (see forms samples attached herewith)

Both items **(A)** and **(B)** must be submitted. If either item is lacking or is not in the appropriate form, your liability insurance will not be on file with the City of Burbank, Public Works Department, and the Permit applied for will not be issued.

Public Works Department
ENGINEERING DIVISION

Attachments

InsReqHandout04.doc.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	SAMPLE ONLY			COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

City of Burbank
 Public Works Department
 ATTN: Permits
 P.O. Box 6459
 Burbank, CA 91510-6459

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**ACCEPTABLE FORM #
CG 20 12 11 85**

COMMERCIAL LIABILITY
CGL-ENDORSEMENTS

1ST REPRINT
JUNE 1991

POLICY NUMBER: **Insert Number**

COMMERCIAL GENERAL LIABILITY

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 of Political Subdivision:

**City of Burbank
Its Officers, Employees
Representatives are included
As Additional Insured(s)**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) 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", "personal injury", or "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".

-SAMPLE ONLY-

CG 20 12 11 85

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V1.H.210

CG 20 12 11 85

SAMPLE

POLICY NUMBER: ~~XXXXXXXXXX~~

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

ADDITIONAL INSUREDS:

CITY OF BURBANK, ITS OFFICERS, EMPLOYEES AND REPRESENTATIVES

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.