

HOW DO YOU READ CERTIFICATES OF INSURANCE?





CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)
8/12/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT 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	COUNTRY CODE: <u>US</u>
[REDACTED]	PHONE: <u>[REDACTED]</u>
[REDACTED]	FAX: <u>[REDACTED]</u>
[REDACTED]	INSURER(S) AFFORDING COVERAGE
[REDACTED]	INSURER A: <u>Criss & Forster Specialty</u> NAIC # <u>44520</u>
[REDACTED]	INSURER B: <u>Peerless Insurance Company</u> <u>24199</u>
[REDACTED]	INSURER C: <u>Southern Insurance Company</u> <u>19216</u>
[REDACTED]	INSURER D:
[REDACTED]	INSURER E:
[REDACTED]	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2013 ALL LINES 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.

KEY	TYPE OF INSURANCE	COVERAGES	POLICY NUMBER	START DATE (MM/DD/YYYY)	EXPIRES (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS-MADE <input checked="" type="checkbox"/> OCCUR	X Y	SPK181688	8/11/2013	8/11/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES, INCL. REMOVAL \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	X Y	RA4553312	8/11/2013	8/11/2014	COMBINED SINGLE LIMIT (See Exclusion) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UNINSURED/UNDERINSURED \$ 1,000,000
A	UMBRELLA LMB <input checked="" type="checkbox"/> EXCESS LMB <input checked="" type="checkbox"/> CLAMS-MADE <input checked="" type="checkbox"/> OCCUR	X Y	SPK10668	8/11/2013	8/11/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/DIR. EXCLUDED? (Mandatory in WA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	FW00138013	8/11/2013	8/11/2014	<input checked="" type="checkbox"/> NO STAFF <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	E & O LIABILITY POLLUTION LIABILITY	Y	SPK10668	8/11/2013	8/11/2014	E&O LIABILITY - EACH CLAIM 1,000,000 EACH POLLUTION LIABILITY 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: UNDERGROUND UTILITY POT-HOLDING AND ANCILLARY SERVICES MULTI-YEAR ON-CALL CONSULTING SERVICES AGREEMENT FY 2013/14 TO 2015/16.

AS RESPECTS GENERAL LIABILITY THE ATTACHED LIST ARE NAMED AS AN ADDITIONAL INSURED WITH PRIMARY WORDING AND WAIVER OF SUBROGATION WHERE REQUIRED BY WRITTEN CONTRACT PER ATTACHED FORM EN0118-0211. WAIVER OF SUBROGATION APPLIES TO AUTO PER FORM GENA 701 01/07 ATTACHED. WAIVER OF SUBROGATION APPLIES TO WORKER'S COMPENSATION PER FORM WC 040306 4-94 ATTACHED.

CERTIFICATE HOLDER	CANCELLATION
RIVERSIDE COUNTY FLOOD CONTROL AND WATER CONSERVATION DISTRICT ATTN: SURVEY & MAPPING DIVISION 1995 MARKET STREET RIVERSIDE, CA 92501	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Rob Kempa/ROPE <i>Robert W. Kempa</i>

Information Found on a Certificate of Insurance

1. Date of the certificate
2. Producer: The producer is the agent or broker from whom the insured purchased the insurance, and is also usually the entity that issues the certificate. The insured is the person or entity whose name is on the described insurance policies.
3. Insured: The full name and address of the vendor or contractor as represented in the contract or agreement
4. Insurer: Each insurance company on the list will be designated by a letter; for example "INSURER A: "Crum & Foster Specialty"
5. The NAIC Number: This is the number assigned by the National Association of Insurance Commissioners (NAIC), an agency that set guidelines and rules. The number identifies that the carrier is affiliated with the NAIC
6. Type of Insurance: One or several lines of insurance will be listed depending on the contract/agreement requirements. Typically the coverage types will include the following:
 - Commercial General Liability
 - Commercial Auto Liability
 - Workers' Compensation
 - Professional Liability

Information Found on a Certificate of Insurance Cont...

7. Additional Insured and/or Waiver of Subrogation status: Should be marked if required by the contract/agreement.
8. Policy Number: Numbers should match those found on the Insurance Endorsement
9. Limits of Liability: As required by contract or agreement
10. Description of Operation: A brief description of the services being performed, the location of service and information relating to vehicles used to perform the service. Should also reference the contract number if available.
11. Certificate Holder: Should read “The County of Riverside” with the contracted department address
12. Authorize Signature: Signature of agent or broker