



EL DORADO COUNTY

DEPARTMENT OF TRANSPORTATION

<http://www.edcgov.us/DOT/>

INSURANCE REQUIREMENTS

to OBTAIN an ENCROACHMENT PERMIT for work in the County Right-of-way

V.20240930

An Encroachment Permit for all work in the County Right-of-way (“ROW”) cannot be granted to the applicant (“Applicant”) without insurance documentation. The insurance is not immediately required when submitting an Encroachment Permit application but will be required prior to issuance of the permit. Please see the sample Certificate of Liability attached to this document.

We suggest that you provide your insurance broker/agent with a copy of these requirements and request that they provide Certificates of Insurance complete with copies of all required endorsements.

It is understood and agreed that the insurance shall not terminate or be canceled prior to the completion of the permitted activity without first giving 30 days written notice of the intention to terminate or to cancel said insurance to the County. Furthermore, the Encroachment Permit is automatically revoked without further action if the insurance is permitted to lapse, is canceled or for any other reason becomes inoperative.

Insurance Requirements

1. Certificate of insurance for Commercial General Liability Insurance with coverage as indicated:
 - Of not less than \$1,000,000 combined single limit per occurrence.
 - Automobile Liability Insurance of not less than \$1,000,000.
 - Full Workers Compensation and Employers Liability Insurance covering all employees of the permittee as required by law in the State of California.
 - Professional Liability Insurance (if applicable) with a limit of liability not less than \$1,000,000.
2. Additional Insured Endorsement
 - Endorsement must include reference to the Policy Number and the Insured as they appear on the Certificate.
 - Additional Covered Party: Name of Person or Organization: **The County of El Dorado, its Officers, Officials, employees and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned.** This provision shall apply to all liability policies except workers compensation and professional liability insurance policies.
 - Primary Insurance: The endorsement must state that coverage afforded by this endorsement **shall apply as Primary and non-contributory.** Other insurance maintained by the County shall be excess only and not contributing with the insurance provided under this policy.
3. Cancellation language:

The insurer will not cancel the insured’s coverage without a 30-day written notice to the County of El Dorado.
4. Certificate Holders should be listed on certificate as follows:

County of El Dorado
Department of Transportation
Attn: Utility Encroachment Permits
2850 Fairlane Court,
Placerville, CA 95667

Subcontractors

Contractor shall include all subcontractors as insured under its policies or shall furnish certificates of endorsements for each subcontractor, subject to the same requirements for the contractor.

Sample of Certificate of Liability



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

Permittee

Must be valid for duration of permit activity, to be renewed until work is complete

COVERAGES **CERTIFICATE NUMBER:** **POLICY NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW ARE IN FULL FORCE AND EFFECT FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY POLICY, THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE COVERAGE AFFORDED BY THE POLICIES IS SUBJECT TO ALL THE TERMS, CONDITIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MA

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

Minimum Coverage Amounts Required

Sample Only

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Include Project Name and Location or Indicate if Annual Insurance Submittal

<p>CERTIFICATE HOLDER</p> <p style="color: red;">County of El Dorado Department of Transportation Utility Encroachment Permits 2850 Fairlane Ct. Placerville, CA 95667</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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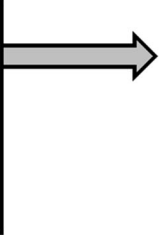
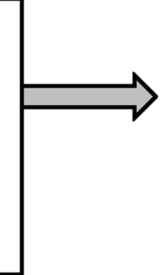
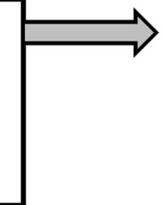
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Clear All

Sample Content for Additional Insured Endorsement

SAMPLE ENDORSEMENT:

Any Endorsement form is acceptable. This is only a sample so you know what to look for.

<p>1. Policy No. must match certificate.</p> <p>2. Must list the Insured's Name as listed on Certificate.</p>		<p>POLICY NUMBER: XXXXXXXXXXXX COMMERCIAL GENERAL LIABILITY</p> <p>INSURED: XXXXXX XXXX XXXXXXXXX</p> <p>THIS ENDORSEMENT CHANGES THE POLICY. PLEASES READ IT CAREFULLY.</p> <p style="text-align: center;">ADDITIONAL INSURED - Endorsement</p> <p style="text-align: center;">This endorsement modifies insurance provided under the following:</p> <p style="text-align: center;">COMMERCIAL GENERAL LIABILITY COVERAGE PART.</p> <p style="text-align: center;">SCHEDULE</p> <p>Name of Person or Organization: <u>The County of El Dorado, its Officers, Officials, employees and volunteers.</u> **</p> <p>(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)</p> <p>WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.</p> <p style="text-align: center;">PRIMARY INSURANCE</p> <p>Such insurance as is afforded by this endorsement for the additional insureds shall apply as primary insurance. Any other Insurance maintained by the additional Insureds shall be excess only and not contributing with the insurance afforded by this endorsement, except in the event of sole or contributory negligence on the part of the additional insured.</p> <p style="text-align: center;">Copyright, Insurance Services Office, Inc., 1984</p>
<p>Name of Person or Organization: <u>The County of El Dorado, its Officers, Officials, employees and volunteers.</u> **</p>		
<p>Endorsement must also state that coverage afforded by the endorsement shall apply as Primary (wording may vary).</p>		

**The wording for the additional insured must be exact. No abbreviations or changes in the structure of the sentence will be accepted. If you find it difficult to fit the wording in the space provided on your endorsement you may simply list "See Exhibit A" under Schedule and attach a separate "Exhibit A" (additional sheet with the proper wording). Please remember to list the policy number on the additional sheet.