Note: Sample form in this appendix is provided for convenience of reference by developers and contractors.

Insurance Certificate Requirements.

- Certificates of insurance required from the contractor contracted to complete the site/street/utility work. Insurance certificates shall include notations or language noting the coverage limits listed on the sample certificate included herein.

- Evidence of insurance coverage submitted on current “ACORD” forms (or other insurance certificate containing the same information) shall EITHER include a statement that “30 days cancellation notice will be provided”; OR the Contractor’s insurance agent shall provide a written letter (to be submitted with the insurance certificates) stating that copies of insurance certificates will be sent to the City a minimum of every 30 days, throughout the term of the required insurance under the contract.

- The City and Westech Engineering (as City Engineer) shall be covered as additional insured.
  - The insurance certificate and/or separate Accord schedule(s) may include language certifying that “any and all entities required by written contract or by required permits are additional insured”, OR all of the required “additional insured” entities may be listed individually on the insurance certificate.

- The City is to be named as a certificate holder.

- Where work is to be performed in an ODOT or County right-of-way, these agencies shall be covered as additional insured and certificate holders per agency permit requirements.

- Insurance certificates shall include notations, language or additional schedule(s) specifically noting job site pollution coverage, and specifically noting that there are no XCU exclusions.

- Coverage shall be primary and non-contributory with any other insurance and self-insurance. Policies shall be written on an occurrence basis, and include coverage for respective officers, directors, members, partners, employees, agents, consultants and subconsultants of each additional insured.

- Evidence of Workman’s Compensation coverage from the contractor performing the site/street/utility work.
**CERTIFICATE OF LIABILITY INSURANCE**

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**

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
<th>EMAIL</th>
<th>ADDRESS</th>
<th>INSURER(S) AFFORDING COVERAGE</th>
<th>NAID #</th>
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**INSURED**

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<th>S A M P L E</th>
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**COVERAGES**

CERTIFICATE NUMBER: Cert ID 207788  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.

<table>
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<tr>
<th>RISK</th>
<th>TYPE OF INSURANCE</th>
<th>ADDITIONAL INSURED</th>
<th>POLICY NUMBER</th>
<th>LIMITS</th>
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</table>

**GENERAL LIABILITY**

- X COMMERCIAL GENERAL LIABILITY
- X JOB SITE POLLUTION
- X NO XCU Exclusions

**AUTOMOBILE LIABILITY**

- X ANY AUTO
- X UMBRELLA LIABILITY

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**

- X/NI

**DESCRIPTION OF OPERATIONS**

Additional Insured

Additional Insureds

Any and all entities required by written contract or permit are additional insured(s); coverage will be primary and non-contributory.

**CERTIFICATE HOLDER**

City of Creswell
PO Box 276
Creswell, OR 97426

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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