



# **M E M O R A N D U M**

*City of Thousand Oaks • Thousand Oaks, California*  
*Public Works Department*

## **IMPORTANT NOTICE**

### **CERTIFICATE OF INSURANCE REQUIREMENTS** **FOR ALL PUBLIC WORKS PROJECTS**

**THE FOLLOWING INFORMATION IS REQUIRED ON ALL CERTIFICATES OF INSURANCE FOR ENCROACHMENT PERMITS, PROJECTS AND CONTRACTS.**

1. The City of Thousand Oaks must be named as ADDITIONAL INSURED on GENERAL LIABILITY AND AUTO. (See Attachment 2 & 3)
2. CANCELLATION CLAUSE must read as follows:

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30\* DAY WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.**  
(See Attachment 1)

PLEASE NOTE: The words "endeavor to" and the phrase, "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives" must be omitted from the cancellation clause.

A ten (10) day notice of cancellation for non-payment of premium of the policy can be included on the Certificate of General Liability Insurance.

If you need further assistance, please contact Ester Marcelino or Jon Levin at (805) 449-2400.

PRODUCER   INSURED	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.  COMPANIES AFFORDING COVERAGE COMPANY A COMPANY B COMPANY C COMPANY D
-----------------------------	---

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <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				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				WC STATUTORY LIMITS   OTH ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

<b>CERTIFICATE HOLDER</b>  DEPARTMENT OF PUBLIC WORKS 2100 THOUSAND OAKS BLVD THOUSAND OAKS, CA 91362-2903	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL <del>SEND</del> MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, <del>BY MAIL TO THE ADDRESS OF THE CERTIFICATE HOLDER OR BY MAIL TO THE ADDRESS OF THE COMPANY AT THE ADDRESS OF THE COMPANY'S HEADQUARTERS.</del> AUTHORIZED REPRESENTATIVE
--	--

**POLICY NUMBER:**

**COMMERCIAL GENERAL LIABILITY**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT  
CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

**SCHEDULE**

Name of Person or Organization:

**City of Thousand Oaks, its officials, employees and volunteers**

(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, but only with respect to liability arising out of "your work" for that insured by or for you.

City of Thousand Oaks  
Public Works Department  
2100 Thousand Oaks Blvd.  
Thousand Oaks, CA 91362-2903

**CG 20 10 11 85 Copyright, Insurance Services Office, Inc., 1982**