Department of Public Works
411 West Ocean Blvd., 5th Floor
Long Beach, CA 90802

CITY OF LONG BEACH

INSURANCE AND ENDORSEMENT REQUIREMENTS

Permit Type	Risk Level	Type of Insurance	Acceptable Endorsements	Minimum Limits	Notes
Temporary Occupancy Permit	Low	Commercial General Liability	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	
Temporary Occupancy Permit	High	Commercial General Liability, On Hook Liability, Over the Road Liability, Excess Liability	CG 20 37 with CG 20 26, CG 20 12, or CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	High risk: no exclusions for boom collapse or overweight use.
Public Art/Object	Low	Commercial General Liability	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	
Public Art/Object	High	Commercial General Liability, On Hook Liability, Over the Road Liability, Excess Liability	CG 20 37 with CG 20 26, CG 20 12, or CG 20 10, COLB GL Form	Per Occurrence: $5M Aggregate: $5M	High risk: sculpture accessible to the public.
ROW Occupancy	Low	Commercial General Liability	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	
ROW Occupancy	High	Commercial General Liability, On Hook Liability, Over the Road Liability, Excess Liability	CG 20 37 with CG 20 26, CG 20 12, or CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	High risk: includes modifications to City property.
Private Development Projects	Low	Commercial General Liability	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	
Private Development Projects	High	Commercial General Liability, On Hook Liability, Over the Road Liability, Excess Liability	CG 20 37 with CG 20 26, CG 20 12, or CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	High risk: includes excavation of City property.
Wireless Telecommunication Facility	Low	Commercial General Liability	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	
Wireless Telecommunication Facility	High	Commercial General Liability, On Hook Liability, Over the Road Liability, Excess Liability	CG 20 37 with CG 20 26, CG 20 12, or CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	High risk: includes modifications to City property.
ROW Occupancy/Excavation for Improvements	Low	Commercial General Liability	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	
ROW Occupancy/Excavation for Improvements	High	Commercial General Liability	CG 20 37 with CG 20 26, CG 20 12, or CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	High risk: includes modifications to City property.
Public Walkway Occupancy (Sidewalk Dining)	Low	General Liability, Completed Operations, Liquor Liability (if applicable)	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	
Public Walkway Occupancy (Sidewalk Dining)	High	Commercial General Liability	CG 20 37 with CG 20 26, CG 20 12, or CG 20 10, COLB GL Form	Per Occurrence: $1M Aggregate: $2M	High risk: includes modifications to City property.
Shared Micro-Mobility	n/a	Commercial General Liability, Technology E&O, Cyber Liability, Special Perils Personal Property	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $5M Aggregate: $5M	
Franchise Pipeline Permits	n/a	CGL w/ XCU, Workers' Compensation, Employer's Liability, Commercial Auto Liability, Property Damage, Umbrella Liability	CG 20 37 with CG 20 26, CG 20 12, or CG 20 10, COLB GL Form	Per Occurrence: $10M Aggregate: $25M WC: Statutory, min $1M Auto: $1M combined Umbrella: $1M per occurrence	For pipelines with >10 in. diameter or flammable gas >400 psi, double limits.
ROW Occupancy, Crane Permit	n/a	Commercial General Liability	CG 20 26, CG 20 12, CG 20 10, COLB GL Form	Per Occurrence: $5M Aggregate: $5M	

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CITY OF LONG BEACH

INSURANCE AND ENDORSEMENT REQUIREMENTS

Certificate of Insurance/ ACORD/ Certificate of Liability Insurance

A. Producer Section shall show company name and contact person, address, phone, and fax number.
B. Insured Section shall show company/individual name, address, contact number.
C. Certificate Holder Section:
City of Long Beach, Public Works
Project Management Bureau
411 Ocean Blvd.,
Long Beach, CA 90802
D. Cancellation Section shall indicate that the insurer, its agents or representatives has the obligation or liability, when the policy has been cancelled prior to the expiration date.
E. The additional insured endorsement policy number **must match** the general liability (GL) policy number listed on the certificate of insurance (COI).

Acceptable General Liability Endorsements:

A. City of Long Beach General Liability Endorsement Form
The form should be completed and signed by the same agent signing the insurance certificate.
B. Additional Insured State or Political Subdivision Endorsement / CG 20 12
The form should add as an additional insured, in the space provided "The City of Long Beach, its Boards and Commissions, and their Officials, Employees and Agents."
C. Additional Insured - Designated Person/ Organization / CG 20 26
The form should add as an additional insured, in the space provided "The City of Long Beach, its Boards and Commissions, and their Officials, Employees and Agents."
D. Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization / CG 20 10
The form should add as an additional insured, in the space provided "The City of Long Beach, its Boards and Commissions, and their Officials, Employees and Agents."
E. Additional Insured – Owners, Lessees or Contractors – Completed Operations / CG 20 37
The form should add as an additional insured, in the space provided "The City of Long Beach, its Boards and Commissions, and their Officials, Employees and Agents."

Ongoing Operations Coverage:

A. City of Long Beach General Liability Endorsement Form
The form should be completed and signed by the same agent signing the insurance certificate.
Use of the General Liability Endorsement form assumes the contractor has completed operations coverage. Should a claim arise, any deficiency will fall under the insurer's E&O policy.
B. Ongoing Operations Coverage through Endorsement
Provide one of the following endorsements 20 26, 20 12, 20 10 or a City of Long Beach General Liability Endorsement Form
The form should add as an additional insured, in the space provided "The City of Long Beach, its Boards and Commissions, and their Officials, Employees and Agents."

Completed Operations Coverage:

A. City of Long Beach General Liability Endorsement Form
The form should be completed and signed by the same agent signing the insurance certificate.
Use of the General Liability Endorsement form assumes the contractor has completed operations coverage. Should a claim arise, any deficiency will fall under the insurer's E&O policy.
B. Completed Works and Ongoing Operations Coverage through endorsement
Provide any edition of endorsement 20 37 with one of the following endorsements 20 26, 20 12, 20 10 or a City of Long Beach General Liability Endorsement Form
The form should add as an additional insured, in the space provided "The City of Long Beach, its Boards and Commissions, and their Officials, Employees and Agents."

INSURANCE AND ENDORSEMENT REQUIREMENTS WITH EXAMPLES

CERTIFICATE OF INSURANCE (COI) EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE — DATE

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 Company Name Address CA License# Contact Number	CONTACT NAME: PHONE: FAX: EMAIL ADDRESS: INSURER(S) AFFORDING COVERAGE
INSURED Legal Recorded Company/Individual Name Address Contact Number TAX PAYER ID#	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:	X		This policy number must match additional insured endorsement policy number, if required.			EACH OCCURRENCE DAMAGE TO RENTED PREMISES Med exp Personal & ADV INJURY GENERAL AGREGATE PRODUCTS - COMP/OP AGG POLLUTION OCC	$1,000,000 $ $ $ $2,000,000 $ $

DESCRIPTION OF OPERATIONS

CERTIFICATE HOLDER

City of Long Beach
Dept. of Public Works Project Management Division
411 W. Ocean Blvd. 5th Flr., City Hall
5th Floor City Hall
Long Beach CA 90802

CANCELLATION

Cancellation Section shall indicate that the insurer, its agents or representatives has the obligation or liability, when the policy has been cancelled prior to the expiration date.

AUTHORIZED REPRESENTATIVE

Must have an authorized signature or it will be rejected.

INSURANCE AND ENDORSEMENT REQUIREMENTS WITH EXAMPLES

Additional Insured Endorsement CG 20 37

(Additional Insured – Owners, Lessees or Contractors – Completed Operations)

POLICY NUMBER: xxxx-xxxxx (Policy number **must match** the general liability (GL) policy number listed on the certificate of insurance (COI).
Named Insured:

COMMERCIAL GENERAL LIABILITY
CG 20 37 XX XX

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
"The City of Long Beach, its Boards and Commissions, and their Officials, Employees, and Agents."	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CG 20 37 04 13

INSURANCE AND ENDORSEMENT REQUIREMENTS WITH EXAMPLES

Additional Insured Endorsement CG 20 26

(Additional Insured – Designated Person or Organization)

POLICY NUMBER: (Policy number must match the general liability (GL) policy number listed on the certificate of insurance (COI).

COMMERCIAL GENERAL LIABILITY
CG 20 26

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

State Or Governmental Agency Or Subdivision Or Political Subdivision:

The City of Long Beach, its Boards and Commissions, and their Officials, Employees and Agents.

A. **Section III -Who Is An Insured** is amended to include as an insured any state or governmental agency or subdivision 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 governmental agency or subdivision or political subdivision has issued a permit or authorization.

   However:

   a. …

2. This insurance does not apply to:

   c. "Bodily injury", "property damage" "per-sonal and advertising injury", a "pollution condition" or a "wrongful act" arising out of operations performed for the federal gov-ernment, state or municipality; or

   d. "Bodily injury" or "property damage" in-cluded within the "products-completed op-erations hazard".

B. …

CG 20 26

INSURANCE AND ENDORSEMENT REQUIREMENTS WITH EXAMPLES

Additional Insured Endorsement CG 20 10

(Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization)

POLICY NUMBER: (Policy number must match the general liability (GL) policy number listed on the certificate of insurance (COI).

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:

The City of Long Beach, its boards, and their officials, employees, and agents.

(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.

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INSURANCE AND ENDORSEMENT REQUIREMENTS WITH EXAMPLES

Additional Insured Endorsement CG 20 12

(Additional Insured – State or Governmental Agency or Subdivision or Political Subdivision – Permits or Authorizations)

POLICY NUMBER: (Policy number **must match** the general liability (GL) policy number listed on the certificate of insurance (COI).

COMMERCIAL GENERAL LIABILITY
CG 20 12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS

State Or Governmental Agency Or Subdivision Or Political Subdivision:

The City of Long Beach, its Boards and Commissions, and their Officials, Employees and Agents.

Section III -Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision 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 be-half for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

a. "Bodily injury", "property damage" "per-sonal and advertising injury", a "pollution condition" or a "wrongful act" arising out of operations performed for the federal gov-ernment, state or municipality; or

b. "Bodily injury" or "property damage" in-cluded within the "products-completed op-erations hazard".

CG 20 12

INSURANCE AND ENDORSEMENT REQUIREMENTS WITH EXAMPLES

City of Long Beach Additional Insured Endorsement

The form must be completed in its entirety and signed by an authorized representative.

Department of Public Works
411 West Ocean Blvd., 5th Floor
Long Beach, CA 90802

CITY OF LONG BEACH

General Liability Endorsement

A. GENERAL LIABILITY POLICY INFORMATION

1. Insurance Company _____
2. Policy Number_____Policy Term (from)_____(to) _____
3. Endorsement effective date_____Endorsement expiration date _____
4. Name of Insured _____
5. Address of Named Insured _____
6. Address of Permitted Operations _____
7. Deductible or Self-insured Retention (nil unlessotherwise specified) $_____
8. Policy Limits: Occurrence $_____General Aggregate: $_____
9. Policy Form equivalent to: CG 00 01_____CG 00 02 _____ GL 00 02 _____

B. POLICY AMENDMENTS

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. ADDITIONAL INSURED. The City of Long Beach, its boards and commissions, and their officials, employees, and agents are included as additional insured with respect to all loss, liability, claims, demands causes of action, damages, settlement, expenses, and costs (including but not limited to attorney's fees and defense and investigation expenses) arising out of, or in any manner incident to, operations performed by or on behalf of the Named Insured related to the permit issued by the City.
2. PRIMARY AND NONCONTRIBUTORY COVERAGE. The coverage afforded by this policy to the City, its boards and commissions, and their officials, employees and agents shall be primary insurance. Any other insurance or self-insurance maintained by the City, its boards, officials, employees, and agents shall be in excess of this insurance and not contribute to it.
3. SEVERABILITY OF INTERESTS. The insurance afforded by this policy applies separately to each insured that is seeking coverage or against whom a claim is made or a suit is brought, except with respect to the Insurer's limit of liability.
4. CROSS LIABILITY. The naming of more than one insured under this policy shall not, for that reason alone, extinguish any rights of one insured against another, subject to the insurer's limit of liability.
5. CANCELLATION NOTICE: This insurance shall not be cancelled, nonrenewed, or reduced in coverage or limits except after thirty (30) days prior written notice has been given to the City (ten (10) days prior written notice if the policy is cancelled for nonpayment of premium). Such notice shall be addressed to the City of Long Beach at the address above.

C. INCIDENT AND CLAIM REPORTING PROCEDURES

Incident and claims are reported to the insurer at:

ATTENTION: _____
(Name) (Title) (Company)

ADDRESS: _____

TELEPHONE: (___) _____ **FAX:** _____

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, (print name)_____, warrant that I have authority to bind the insurance company listed above in Item A.1. and by my signature hereon do so bind this company.

Must have an authorized signature or it will be rejected.

_____

SIGNATURE OF AUTHORIZED REPRESENTATIVE (original signature required) **DATE**

TITLE:_____**ORGANIZATION:** _____

ADDRESS: _____

TELEPHONE: (___) _____ **FAX:** _____