

CITY OF MILLBRAE
INSURANCE REQUIREMENTS
Excluding Capital Improvement Projects

Contractor/Applicant shall, at his or her own cost and expense, procure and maintain during the term of this agreement, liability insurance coverage of the following types and with no less than the following limits of liability:

Commercial General Liability..... \$ 1,000,000 / Combined Single Limit

Comprehensive Automobile Liability..... \$ 1,000,000 / Combined Single Limit
(Including Owned, Hired, &
Non-Owned Automobiles)

Worker's Compensation..... \$ 1,000,000 for each incident, or
(Including Employers' Liability Insurance) evidence of self-insurance

Prior to commencement of work, Contractor shall furnish the City with a Certificate of Insurance evidencing the above coverage requirements and further indicating "The City of Millbrae, its Council Members, and all officers, employees, and agents of each of them" shall be named as additional insured on the General and Automobile liability policies.

Inclusion of, "The City of Millbrae, its Council Members, and all officers, employees, and agents of each of them," as insured shall not in any way affect its rights either as respects any claim, demand, suite or judgment made, brought or recovered against Contractor. Said policy shall protect each of them in the same manner as though a separate policy had been issued to each, but nothing in said policy shall operate to increase the Company's liability as set forth in its policy beyond the amount or amounts shown or to which the company would have been liable if only one interest had been named as an insured.

Contractor's policy is primary over any insurance carried by the City and that the policy will not be cancelled or reduced without thirty (30) days prior notice in writing being given to the City.

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

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

| | | |
|-------------------------|-------------------------------------|--|
| PRODUCER | COMPANIES AFFORDING COVERAGE | |
| | COMPANY LETTER A | |
| INSURED ① | COMPANY LETTER B | |
| | COMPANY LETTER C | |
| | COMPANY LETTER D | |
| | COMPANY LETTER E | |

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.

| L T R | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXP. DATE (MM/DD/YY) | LIMITS | |
|--|-------------------|---------------|----------------------------------|-----------------------------|-------------------------------|--------------|
| | | | | | | |
| GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY ② <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS & CONTRACTORS PR <input type="checkbox"/> OTHER _____ | | | | | GENERAL AGGREGATE | \$ |
| | | | | | PRODUCTS-COMP/OP AGG. | \$ ② |
| | | | | | PERSONAL & ADV. INJURY | \$ |
| | | | | | EACH OCCURRENCE | \$1,000,000. |
| | | | | | FIRE DAMAGE (ANY ONE FIRE) | \$ |
| | | | | | MED. EXPENSE (ANY ONE PERSON) | \$ |
| AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS ③ <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY | | | | | COMBINED SINGLE LIMIT | \$1,000,000. |
| | | | | | BODILY INJURY (PER PERSON) | \$ |
| | | | | | BODILY INJURY (PER ACCIDENT) | \$ |
| | | | | | PROPERTY DAMAGE | \$ |
| EXCESS LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA | | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ④ | | | | | STATUTORY LIMITS | \$ |
| | | | | | EACH ACCIDENT | \$1,000,000 |
| | | | | | DISEASE-POLICY LIMIT | \$ ④ |
| | | | | | DISEASE-EA. EMPLOYEE | \$ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTION/SPECIAL ITEMS: ⑤

Covers all work performed in the City of Millbrae.

The City of Millbrae, its council members, officers, employees, and agents of each of them are named as additional insured.

CERTIFICATE HOLDER/ADDITIONAL INSURED

⑥ City of Millbrae
621 Magnolia Avenue
Millbrae, CA 94030

CANCELLATION -- SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ___ DAYS ⑦ WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. ⑧

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE