

**NETARTS OCEANSIDE SANITARY DISTRICT (NOSD)
Public Works Design Standards**

**Sample Insurance Certificates
Appendix E**

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 NOSD a minimum of every 30 days, throughout the term of the required insurance under the contract.
- The NOSD and Westech Engineering (*as District 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 insureds”, OR all of the required “additional insured” entities may be listed individually on the insurance certificate.
 - Any permit or authorization to proceed with construction issued by the NOSD is considered to be a “written contract” for purposes of triggering “additional insured” coverage of the NOSD and NOSD Engineer under the Contractor’s required insurance policy(s) (*including insurance certificates provided by subcontractors*).
- The NOSD 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 liability insurance does NOT exclude Explosion, Collapse, and Underground (XCU) coverages (*no XCU exclusion*), with the exception that exclusions for blasting operations are acceptable for insurance covering projects which do not include or allow blasting.
- 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 Worker’s Compensation coverage from the contractor or subcontractor performing the site/street/utility/sewer work.
 - Any contractor indicating that they are exempt from worker’s compensation coverage requirements shall provide detailed documentation substantiating that they meet all of the criteria established by the Workers’ Compensation Division, as well as providing information on who will be providing Workers Compensation coverage for any leased employees planned to be used on the project.



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: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; border: none; text-align: center;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A:															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED <p style="font-size: 24px; letter-spacing: 10px;">SAMPLE</p>															

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Job site Pollution <input checked="" type="checkbox"/> No XCU Exclusions GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y					EACH OCCURRENCE \$ Per Supplemental Conditions AGGREGATE \$ Per Supplemental Conditions
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)

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

CERTIFICATE HOLDER Netarts-Oceanside Sanitary District 1755 Cape Meares Loop Rd. W Tillamook, OR 97141	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. AUTHORIZED REPRESENTATIVE
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