

City of Pasadena INSURANCE

Name of Company: _____

Project Location: _____

Job Description: _____

1. PLEASE PROVIDE ALL SIX (6) BELOW LISTED DOCUMENTS, IN ONE PACKAGE.

2. PLEASE SUBMIT THESE IN ONE (1) PACKAGE OR EMAIL WHEN YOU HAVE ALL DOCUMENTS IN HAND, ALONG WITH THIS CHECK LIST, BECAUSE THEY WILL BE FORWARDED OVER AS A GROUP TO OUR CITY ATTORNEY'S OFFICE FOR APPROVAL:

A. **General Liability:** Combined Single Limit of \$1,000,000 per occurrence, with "City of Pasadena, its Council Members, Commissioners, officers, employees and agents" as Additional Insured and Certificate Holder.

Additional Insured Endorsement form(s) Naming as Additional Insured: "City of Pasadena, its Council Members, Commissioners, officers, employees and agents."

Please provide either this form: CG 20 12;

or **both** of these forms CG 20 10 XX XX (for *ongoing* operations) **AND**
CG 20 37 XX XX (for *completed* operations).

Endorsement Waiver of the Right of Subrogation for General Liability against the City of Pasadena.

B. **Auto Liability:** \$100,000 combined single limits unless vehicles are not involved.

C. **Worker's Comp and Employer's Liability** in statutory amounts. A separate certificate may be submitted. The City need not be named as additional insured.

Endorsement Waiver of the Right of Subrogation for Worker's Comp against the City of Pasadena.

Note: NO blanket or generic language will be accepted. All endorsements must be specific as per the above insurance requirements.

There is a maximum of **two-working-days** turn-around time for insurance review and approval before a Public Works Permit can be issued.

Note: The Specification or Request for Insurance may be amended by the City, to require less or greater requirements depending on the potential risk involved.

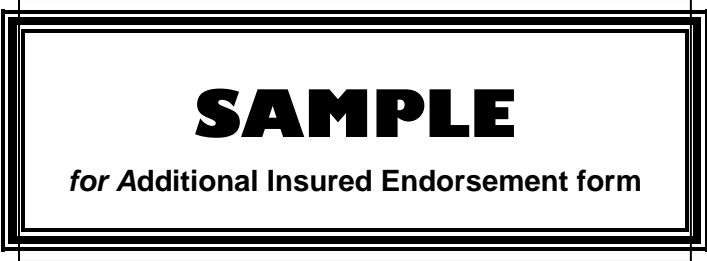
Submit documents via email to:

pw-permits@cityofpasadena.net

Include the permit job location and description of work.

OTHER CRITICAL INCLUSIONS:

1. The City of Pasadena shall be given 30 days written notice of cancellation or material change. The certificate submitted will not be approved if it contains "best effort" modifiers or if it relieves the insurer from responsibility for failure to give notice.



Note: This sample is for reference purpose only.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City of Pasadena Office of the City Attorney Liability Claims
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.