

# CITY OF SANTEE INSURANCE REQUIREMENTS FOR ENCROACHMENT PERMITS AND MOVING PERMITS

## SECTION 1: MINIMUM POLICY LIMITS REQUIRED

The following insurance limits are required for all encroachment permits and moving permits:

<b>Commercial General Liability</b>	<b>\$2,000,000</b> per occurrence/ <b>\$4,000,000</b> aggregate for bodily injury, personal injury and property damage
<b>Automobile Liability</b>	<b>\$1,000,000</b> per occurrence for bodily injury and property damage

## SECTION 2: ADDITIONALLY INSURED:

The City of Santee must be added to the policy as additionally insured for Commercial General Liability using one of the following ISO forms:

**ISO form CG 20 10 11 85**  
**ISO form CG 20 10 10 01 combined with ISO CG 20 37 10 01**  
**ISO form CG 20 12 07 98**  
**ISO form CG 20 13 11 85**

All other forms may be subject to a 2-4 week review. Example of the required ISO forms are attached. All forms must have the policy number on them. The City's name and address must be specifically inserted under the "Name of Person or Organization" section. Blanket endorsements will not be accepted for Encroachment or Moving Permits.

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

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM A)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.  
SCHEDULE

Name of Person or Organization (Additional Insured):

**CITY OF SANTEE, 10601 MAGNOLIA AVENUE, SANTEE, CA 92071**

Location of Covered Operations

	Premium Basis	Rates (Per \$1000 of cost)	Advance Premium
Bodily Injury and Property Damage Liability	Cost		\$
		Total Advance Premium	\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

1. WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization (called "additional insured") shown in the Schedule but only with respect to liability arising out of:

- A. "Your work" for the additional insured(s) at the location designated above, or
- B. Acts or omissions of the additional insured(s) in connection with their general supervision of "your work" at the location shown in the Schedule.

(a) All work on the project (other than service, maintenance, or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

(b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

2. With respect to the insurance afforded these additional insureds, the following additional provisions apply:

A. None of the exclusions under Coverage A, except exclusions (a), (d), (e), (f), (h2), (i), and (m), apply to this insurance.

(3) "Bodily injury" or "property damage" arising out of any act or omission of the additional insured(s) or any of their employees, other than the general supervision work performed for the additional insured(s) by you.

B. Additional Exclusions. This insurance does not apply to:

(4) "Property damage" to:

- (1) "Bodily injury" or "property damage" for which the additional are obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured(s) would have in the absence of the contract or agreement.
- (2) "Bodily injury" or "property damage" occurring after:

(a) Property owned, used or occupied by or rented to the additional insured(s);

(b) Property in the care, custody, or control of the additional insured(s) or over which the additional insured(s) are for any purpose exercising physical control; or

(c) "Your work" for the additional insured(s).

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## **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 SANTEE  
10601 MAGNOLIA AVENUE  
SANTEE, CA 92071**

(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.

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

# **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

**CITY OF SANTEE, 10601 MAGNOLIA AVENUE, SANTEE, CA 92071**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured 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 ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

**2. Exclusions**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

(2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**NOTE: ISO Form CG 20 10 10 01 must be combined with ISO Form CG 20 37 10 01**

**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

SCHEDULE

<b>Name of Person or Organization:</b> <b>CITY OF SANTEE, 10601 MAGNOLIA AVENUE, SANTEE, CA 92071</b>
<b>Location And Description of Completed Operations:</b> <b>Add location</b>
<b>Additional Premium:</b> <b>Add information</b>

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured 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" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

**NOTE: ISO Form CG 20 37 10 01 must be combined with ISO Form CG 20 10 10 01**

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

## **ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**State Or Political Subdivision:**

**CITY OF SANTEE  
10601 MAGNOLIA AVENUE  
SANTEE, CA 92071**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured any state 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 political subdivision has issued a permit.
2. This insurance does not apply to:
  - a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

**NOTE: This form may only be used for Encroachment Permits or Moving Permits.**

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

# **ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS RELATING TO PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

## **SCHEDULE**

**State or Political Subdivision:**

**CITY OF SANTEE  
10601 MAGNOLIA AVENUE  
SANTEE, CA 92071**

(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 any state or political subdivision shown in the Schedule, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:

1. The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners, or decorations and similar exposures; or
2. The construction, erection, or removal of elevators; or
3. The ownership, maintenance, or use of any elevators covered by this insurance.

**NOTE: This form may only be used for Encroachment Permits or Moving Permits.**