

Insurance Document Checklist:

CONTRACT NO: _____ CONTRACTOR: _____

Note: This checklist is used to determine if the successful bidder submitted complete Insurance Policies and Certificates of Insurance in conformance with Section 3-1.025 "Insurance Policies" of the Standard Specifications.

(This checklist is not a contractual document).

Table of Insurance Checklist Documents**

INSURANCE POLICY OR ACCORD DESCRIPTION	BINDER? YES/NO	POLICY / BINDER NUMBER.	POLICY /BINDER PERIOD	
			From	To
Commercial General Liability (CGL) Policy				
Excess (or Umbrella) Policy				
Auto Insurance Accord Certificate of Liability—		<i>Accord certificate O.K.</i>		
Certificate of Insurance— Workers' Compensation		<i>Accord form or State Fund certificate O.K.</i>		
Certificate of Insurance—U.S. Longshoreman's and Harbor Workers' Compensation Act (if applicable, e.g., if over water)		<i>Accord or binder O.K.; or State Fund certificate.</i>		
Certificate of Insurance—Jones Act (if applicable)		<i>Accord or binder O.K.</i>		
Railroad Protective Insurance or other Coverage Required by Special Provisions (if applicable)				

Items to Check for in Each Document

- CGL Policy (*Submit actual policy and accord form*).
 - ___ Name of Insurer
 - ___ Policy Number
 - ___ Policy Period
 - ___ Name of Insured(s) [This should match the Contractor's name]
 - ___ Additional Insured Endorsement (should specify State of California, Department of Transportation or state something to the effect "as required by contract")
 - ___ Policy Limits (amount is based upon Section 7-1.12B(4)(b) of the "Amendments to Standard Specifications," found in Section 1 of the contract special provisions).
 - ___ Declarations Page
 - ___ Self-Insurance Endorsement (if applicable)
 - ___ CGL Policy Language (about 13 pages if using the standard ISO forms)

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2. Excess or Umbrella Policy (*Submit actual policy and accord form*).

- ___ Name of Insurer
- ___ Policy Number
- ___ Policy Period
- ___ Name of Insured(s) [This should match the Contractor's name]
- ___ Additional Insured Endorsement (should specify State of California, Department of Transportation or state something to the effect "as required by contract")
- ___ Policy Limits (amount is based upon Section 7-1.12B(4)(b) of "Amendments to Standard Specifications," Section 7-1.12B(4)(b) found in Section 1 of the contract special provision)
- ___ Declarations Page
- ___ Self-Insurance Endorsement (if applicable)
- ___ Excess Policy Language (typically about 5 pages if using the standard ISO forms)

3. Self-Insured Retention (SIR) (based upon a Self-Insurance Endorsement)

NOTE: This may apply to both the CGL and Excess policies.

- ___ Notice of Election to Self-Insure
- ___ Notification to Which Self-Insurance Applies
- ___ Amount of Self-Insurance
- ___ Declaration by CPA under Penalty of Perjury of Sufficient Funds/Resources to Cover SIR of \$50,000 or higher.

4. Certificate of Insurance—Auto Liability (*Accord form O.K. if items below are addressed*).

- ___ Name of Insurer
- ___ Policy Number
- ___ Policy Period
- ___ Policy Coverage (must show coverage for all owned, hired and non-owned automobiles)
- ___ Name of Insured(s) [This should match the Contractor's name]
- ___ Policy Limits (amount is based upon Section 7-1.12B(5) of the "Amendments to Standard Specifications," found in Section 1 of the contract special provision).

5. Certificate of Insurance—Workers' Compensation (*Accord form O.K. if items below are addressed, and if with State Fund, must submit State Fund issued certificate of insurance.*

- ___ Name of Insurer
- ___ Policy Number
- ___ Policy Period
- ___ Name of Insured(s) [This should match the Contractor's name]
- ___ Policy Limits (amount is based upon Section 7-1.12B(3) of the "Amendments to Standard Specifications," found in Section 1 of the contract special provisions).

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6. Certificate of Insurance—U.S. Longshoreman’s and Harbor Workers’ Compensation Act (*if applicable, accord form is O.K. if items below are addressed*).

- ___ Name of Insurer
- ___ Policy Number
- ___ Policy Period
- ___ Name of Insured(s) [This should match the Contractor’s name]
- ___ Policy Limits (amount is based upon Section 7-1.12B(4)(b) of the "Amendments to Standard Specifications," found in Section 1 of the contract special provision, or any other provision of the specifications.

7. Certificate of Insurance—Jones Act (*if applicable, accord form is O.K. if items below are addressed*).

- ___ Name of Insurer
- ___ Policy Number
- ___ Policy Period
- ___ Name of Insured(s) [This should match the Contractor’s name]
- ___ Policy Limits (amount is based upon Section 7-1.12B(4)(b) of the "Amendments to Standard Specifications," found in Section 1 of the contract special provisions, or any other provision of the specifications. .

8. Railroad Protective Insurance or Other Coverage Required by Specifications or Provisions (if applicable)

- ___ Is Railroad Protective Insurance Required (Check Section 13 of special provisions).
- ___ Name of Insurer
- ___ Policy Number
- ___ Policy Period
- ___ Name of Insured(s) [Refer to special provisions]
- ___ Policy Limits (amount is based upon special provisions)

9. A.M. Best Financial Strength Rating – Section 7-1.12B(2), "Casualty Insurance."

- ___ Insurer is an A.M. Best rated A- or better. (*Register and verify A.M. Best rating and financial strength category at: <http://www3.ambest.com>*)
- ___ Insurer's A.M. Best Financial Size Category is VII or better. (*Double click on company name to view its A.M. Best Financial Size Category*).

FOR ITEMS 1-8, A BINDER MAY BE ACCEPTED IN-LIEU OF AN INSURANCE POLICY.