



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Month/Date/Year

<b>PRODUCER</b>  <b>Insurance Agent/Broker Name</b> <b>Insurance Agent/Broker Street Address or P.O. Box</b> <b>Insurance Agent/Broker City, State &amp; Zip Code</b> <b>Contact &amp; Phone Number</b>		<b>CFD PROJECTS</b>		<b>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.</b>																
<b>INSURED</b>  <b>Developer's Contractor Name</b> <b>Street Address or P.O. Box</b> <b>City, State &amp; Zip Code</b>		<b>Exhibit L: Part B applies (Contractor's Insurance)</b>		<table border="1"><tr><td colspan="2"><b>INSURERS AFFORDING COVERAGE</b></td><td><b>NAIC #</b></td></tr><tr><td>INSURER A:</td><td>Name of Insurance Company</td><td>Enter NAIC#</td></tr><tr><td>INSURER B:</td><td>All Carriers must be rated A- VIII or better</td><td></td></tr><tr><td>INSURER C:</td><td>in current AM Best Rating Guide</td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr></table>		<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>	INSURER A:	Name of Insurance Company	Enter NAIC#	INSURER B:	All Carriers must be rated A- VIII or better		INSURER C:	in current AM Best Rating Guide		INSURER D:		
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>																		
INSURER A:	Name of Insurance Company	Enter NAIC#																		
INSURER B:	All Carriers must be rated A- VIII or better																			
INSURER C:	in current AM Best Rating Guide																			
INSURER D:																				

## COVERAGES:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	N/A	N/A	N/A	EACH OCCURENCE	\$ N/A
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/A
						MED EXP (Any one person)	\$ N/A
						PERSONAL & ADV INJURY	\$ N/A
						GENERAL AGGREGATE	\$ N/A
						PRODUCTS - COMP/OP AGG	\$ N/A
		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	N/A	N/A	N/A	COMBINED SINGLE LIMIT (Each Occurrence)	\$ N/A
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	
						OTHER THAN EA ACC	
						AUTO ONLY: AGG	
		<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	N/A	N/A	N/A	EACH OCCURENCE	\$ N/A
						AGGREGATE	\$ N/A
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	See NOTE #1 Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		<b>Equipment Floater</b>	Enter Policy #	Enter Effective Date	Enter Expiration Date	<b>Equipment Floater =</b>	<b>Scheduled Equipment</b>

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Include Project Name & Tract Number/PM number (if applicable) here.

NOTE #1: Waiver of Subrogation endorsement to Worker's Compensation in favor of EMWD. Endorsements must be attached.

## CERTIFICATE HOLDER

**EASTERN MUNICIPAL WATER DISTRICT**  
**Attn: Field Engineering Department**  
**P O Box 8300**  
**Perris, CA 92572-8300**

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS 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.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.