

**COUNTY OF ORANGE  
INSURANCE REQUIREMENTS  
PERMITTEES**

Permittees shall be required to provide the County of Orange with verification of General Liability insurance with a **minimum limit per occurrence of One Million Dollars (\$1,000,000)**. The policy of insurance must be issued by an insurer licensed to do business in the state of California (California Admitted Carrier) and have a minimum rating of A- (Secure A.M. Best's Rating) and VIII (Financial Size Category as determined by the most current edition of the **Best's Key Rating Guide/Property-Casualty/United States or ambest.com**. If the insurance carrier is not an admitted carrier in the state of California and does not have an A.M. Best rating of A-/VIII, the CEO/Office of Risk Management retains the right to approve or reject a carrier after a review of the company's performance and financial ratings.

**The insurance certificate as well as an Additional Insured Primary Endorsement shall name the County of Orange, Orange County Flood Control District and the State of California as additional insureds, and shall state that such insurance shall be primary and non-contributing with any insurance or self-insurance maintained by the County of Orange, Orange County Flood Control District and the State of California.** Permittee must give the County of Orange thirty (30) days written notice prior to cancellation of coverage (see No. 3 below).

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**Certificate of Insurance and Endorsement:**

1. **The certificate holder shall be County of Orange, County Property Permits, P.O. Box 4048, Santa Ana, CA 92702-4048.**
  
2. Additional insured shall be specifically spelled out in the Description of Operations section of the certificate as well as on the Additional Insured Primary Endorsement. The Additional Insured coverage shall be provided using ISO form CG 20 12 05 09 or a form at least as broad. For events or works within County roads, County Flood Control areas, the additional insured shall be: **COUNTY OF ORANGE, ORANGE COUNTY FLOOD CONTROL DISTRICT AND THE STATE OF CALIFORNIA OR AS REQUIRED BY WRITTEN AGREEMENT. This endorsement shall also contain the following wording:**  
  
"It is agreed that any insurance or self-insurance maintained by the County of Orange, Orange County Flood Control District and the State of California shall apply in excess of, and not contribute with, insurance provided by this policy".  
  
**NAMING THE COUNTY OF ORANGE, ORANGE COUNTY FLOOD CONTROL DISTRICT AND THE STATE OF CALIFORNIA AS ADDITIONAL INSUREDS AND PROVIDING PRIMARY AND NON-CONTRIBUTORY WORDING ON THE CERTIFICATE ONLY IS NOT ACCEPTABLE AND YOUR INSURANCE WILL BE REJECTED. THERE ARE ABSOLUTELY NO EXCEPTIONS TO THIS POLICY.**
  
3. Permittee shall notify County in writing within thirty (30) days of any policy cancellation and ten (10) days for non-payment of premium and provide a copy of the cancellation notice to County. Failure to provide written notice of cancellation may constitute a material breach of the Permit, upon which the County may suspend or terminate this Permit.
  
4. The certificate shall show the name of the insured, the expiration date of the policy, the coverage provided, the limits of insurance, declare any deductible or self-insured retention (SIR), and specify the name of the insurance company and NAIC number providing coverage.

Attached you will find a sample of an Additional Insured Endorsement with the required primary non-contributory language. A separate endorsement can be submitted for the primary non-contributory requirement providing coverage at least as broad.

Should you require any further clarification or desire additional information, please contact County Property Permits at (714) 667-8888.

ACORD

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)

<p>PRODUCER</p> <p style="text-align: center;"><b><u>SAMPLE CERTIFICATE</u></b></p> <p>Insurance Agency</p> <p>Name &amp; Address</p>	<p>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. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p style="text-align: center;"><b>COMPANIES AFFORDING COVERAGE</b></p> <p>COMPANY A Insurance Company and NAIC#</p> <p>COMPANY B</p> <p>COMPANY C</p> <p>COMPANY D</p>
<p>INSURED</p> <p>Insured's name &amp; address</p>	

**COVERAGES**

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 TO PAY CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT	ABC 123456	1/1/2013	1/1/2014	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>GENERAL AGGERGATE</td><td>\$</td></tr> <tr><td>PRODUCTS-COMPIOP AGG</td><td>\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td></tr> </table>	GENERAL AGGERGATE	\$	PRODUCTS-COMPIOP AGG	\$	PERSONAL & ADV INJURY	\$	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$	MED EXP (Any one person)	\$
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MED EXP (Any one person)	\$																
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY ALTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTO				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
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A	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td></td></tr> <tr><td>AGGERGATE</td><td></td></tr> </table>	EACH OCCURRENCE		AGGERGATE									
EACH OCCURRENCE																	
AGGERGATE																	
B	<b>WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STATUTORY LIMITS</td><td>\$</td></tr> <tr><td>EACH ACCIDENT</td><td>\$</td></tr> <tr><td>DISEASE - POLICY LIMIT</td><td>\$</td></tr> <tr><td>DISEASE - EACH EMPLOYEE</td><td>\$</td></tr> </table>	STATUTORY LIMITS	\$	EACH ACCIDENT	\$	DISEASE - POLICY LIMIT	\$	DISEASE - EACH EMPLOYEE	\$				
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	<b>OTHER</b>																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**Name the County of Orange, Orange County Flood District and the State of California as Additional Insureds with primary non-contributory coverage by endorsement(s). See items 2 and 4 on page A of County of Orange Insurance Requirements Permitees.**

<p><b>CERTIFICATE HOLDER</b></p> <p><b>COUNTY OF ORANGE</b>  <b>COUNTY PROPERTY PERMITS</b>                  P.O. BOX 4048                  SANTA ANA, CA 92702-4048</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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**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**

<p><b>State Or Political Subdivision:</b></p> <p><b>County of Orange, Orange County Flood Control District and the State of California</b></p> <p><b>Or</b></p> <p><b>As required by written agreement</b></p>
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(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".

**It is agreed that any insurance or self-insurance maintained by the County of Orange, Orange County Flood Control District and the State of California shall apply in excess of, and not contribute with, insurance provided by this policy.**