



**CHIEF EXECUTIVE OFFICE
Risk Management Division**

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To: Department representative involved with procurement and insurance
From: Purchasing and Risk Management
Subject: Insurance Checklist
Date: December 23, 2014

The attached Insurance Checklist is intended to assist you in ensuring that all required insurance documents are obtained prior to submitting for approval. We have included the correct wording required on the various documents in an attempt to facilitate communication with the vendor and / or insurance broker.

Section 1 is for you to ensure the insurance carrier information meets the minimum requirements of the County.

Section 2 is the documents that the insurance company will provide to you.

Section 3 items may or may not be pertinent to your everyday needs. Please contact Risk Management or Purchasing if you have any questions regarding this section.

You may wish to forward a copy of this checklist directly to the vendor and ask that they, in turn, forward it to their insurance agent / broker. Our hope is that you will receive exactly what is listed on the checklist so that the insurance submittal and Purchase Order processes are smooth and efficient.

Please note that the final use of the checklist is for you to ensure that all of the required documents have been obtained and insurance verifications have been completed. It serves as a cover sheet to be included with your submission. Missing documents will necessitate multiple submissions and delay approval and issuing of Purchase Order.

To expedite the process, you may wish to suggest to your vendor(s) that they register with GSA Purchasing on the Public Contract / Public Vendor site –

<http://www.stancounty.com/purchasing/vendor-registration.shtm>

Registration will provide advance notice of the insurance requirements to the vendors, and allow them to receive notice of any upcoming opportunities to bid.

As a general rule, we are look for three (3) insurance coverages:

General Liability (GL), Auto and Workers Comp.

We require an Additional Insured Endorsement for both the GL and Auto naming the County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers as additional insured

We require a Waiver of Subrogation for the Workers Comp coverage in favor of the County

The Certificate Holder needs to be: Stanislaus County.

The mailing address will be the specific department involved, but the County is the Certificate Holder. By doing this, the specific department is part of the County, thus they are covered.

THE ENDORSEMENT PAGE(S) SHOULD ALSO INCLUDE THE POLICY NUMBER

Depending on the specific project, there may be some additional coverages required, but the above should cover the majority of what is done.

Contractor:

Project /Req # :

INSURANCE CHECKLIST

	Section 1 Department Complete	General Liability	Auto	Workers' Comp
1	NAIC # of insurers is provided on certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Best's rating of no less than A-, and Financial Size Category of at least VII*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Carrier is admitted/licensed to issue insurance in California (CA)* or on the Ca. Approved LASLI list**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Policy limits of insurance meet requirements in the agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Expiration date of policy is six months or more into the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Deductibles/self-insured retention are declared and approved or waived by County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2 Insurance Broker				
7.	Certificate Holder is "Stanislaus County" or "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Policy numbers on all Endorsements or, provide a copy of the Declarations Page(s) to show which endorsements are attached to the various policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Additional Insured (AI) Endorsement naming "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers" or a blanket endorsement as required by written agreement	<input type="checkbox"/>	<input type="checkbox"/>	N/A
10	Waiver of subrogation endorsement included. (see AI wording above)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Primary and Non-Contributory Endorsement. (see AI wording above)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
12	30 day notice of cancellation included. (see AI wording above)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Section 3 Check with Risk Management				
13	Professional Liability if on claims made basis retroactive date is prior to the contract date & continues into future	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14	Is Fire / Builders Risk Insurance a requirement ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes ***
15	Is a Waiver of Insurance Requirements required ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes ***

RESOURCE HELP:

*To check insurers: <http://www.3.ambest.com/consumers/consumersearch.aspx?bl=36>

**Approved surplus line insurance (LASLI) carrier acceptable if no CA carrier writes the insurance, see <http://www.insurance.ca.gov/0100-consumers/0030-licensee-info/0031-surplus-lines/lasli.cfm>

Note: County Counsel approval required if carrier is reinsured.

*** Check with Risk Management for details

FOR COUNTY USE ONLY

Surety Bonds Required? If Yes specify type(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Reviewer Signature:	Date:	
Title:		