

Contractor:

Program /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://www3.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

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