

CALIFORNIA WATER SERVICE **INSURANCE REQUIREMENTS**

If there are questions or a need for additional information, please call Ebix customer service at (951) 658-2760. Updated certificate may be directly email to calwater@ebix.com, please cc procurementhelpdesk1@calwater.com

Certificate of Insurance Required:

- General Liability with each occurrence not less than one million dollars (\$1,000,000.00, General Aggregate not less than two million dollars (\$2,000,000.00) & Products-comp/op aggregate not less than two million dollars (\$2,000,000.00). Each such policy shall be issued by an insurance company, approved by Company which is qualified to go and is doing business in the State of California and shall otherwise be in form satisfactory to Company.
- Automobile insurance with limits of one million dollars (\$1,000,000).
- Worker's Compensation Certificate or a one year coupon waiver for no employees performing the work or is an officer of the company.
- If Vendor is providing professional services, Vendor shall maintain such professional liability insurance as is commonly carried by persons and entities involved in Vendor's field of work, with liability of not less than one million dollars (\$1,000,000).
- For Landscaping services, Pollution Insurance with each occurrence not less than one million dollars (\$1,000,000.00) & General Aggregate not less than two million dollars (\$2,000,000.00).

IF YOU HAVE AN EXISTING CONTRACT/AGREEMENT WITH CWSCO, PLEASE PROVIDE THE INSURANCE REQUIREMENTS STATED AND AGREED UPON IN THE CONTRACT

All valid Certificate of Insurance shall identify the following:

- Certificate Holder and Additional Insured Endorsement naming:

- **Certificate Holder name and address due to Ebix now handling our insurance:**

**California Water Service Company
Insurance Compliance-Ebix
PO Box 100085-(W4)
Duluth, GA 30096**

- **Additional Insured Endorsement with the Policy # on it and Insured's Name on it.**
- **Description of Operations/Locations/Vehicles/Special Items Stating Certificate Holder as Additional Insured. Certificate must state: "Coverage provided is for All Jobs/Locations."**
- **Certificates must list the name of the company performing the work and any "DBA'S" being used must also be shown.**

****Insurance requirements may vary based on type/dollar amount of contract****

CERTIFICATE OF LIABILITY INSURANCE

Date: MM/DD/YY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY 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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Phone: Fax: Name & Address of Producer	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
INSURED Name & Address of Insured	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: AM Best Rating A-, Or Better provide INSURER B: AM Best Rating A-, Or Better provide INSURER C: AM Best Rating A-, Or Better provide INSURER D: AM Best Rating A-, Or Better provide

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY Y <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGG. LIABILITY APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS -COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						COMBINED SINGLE LIMIT \$1,000,000 (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) TRAILER INTERCHANGE EACH OCCURRENCE AGGREGATE
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L.EACH ACCIDENT E.L.DISEASE - EA EMPLOYEE E.L.DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

- Additional Insured Endorsement form must be provided in addition to the Certificate of Insurance naming: California Water Service as Additional Insured for General Liability.
- Workers Compensation: Must provide coverage for the following State(s): CA.

California Water Service Company
Insurance Compliance-Ebix
 PO Box 100085-(W4)
 Duluth, GA 30096

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Certificate Must be Signed

POLICY NUMBER:

SAMPLE -
POLICY # LG25 H2R2

COMMERCIAL GENERAL LIABILITY

CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any Person or Organization subject to Section II (WHO IS AN INSURED) (HEREIN) Named Insured Is Required by Valid Written Contract to name as an Additional Insured per schedule on file with the company.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

PLEASE FILL OUT COUPON TO WAIVE WORKMANS COMP FOR NO EMPLOYEES, FOR ONE YEAR:

Company Name & Address

If appropriate, please complete the following section and return this form to the address shown on the front of this notice.

Agreement Number _____		
<input type="checkbox"/> My Company is no longer doing business with California Water Service Company.		
<input type="checkbox"/> Workers' Compensation - I certify that my company has no employees that fall within the jurisdiction of any state(s) Workers' Compensation Laws in which work is to be performed.		
_____ Authorized Signature		_____ Date
_____ Printed Name	_____ Title	_____ Phone Number