**Contractor:**  **Project /Req # :**

**INSURANCE CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Section 1 Department Complete | **General Liability** | **Auto** | **Workers’ Comp** |
| 1 | NAIC # of insurers is provided on certificate(s) |  |  |  |
| 2 | Best's rating of no less than A-, and Financial Size Category of at least VII\* |  |  |  |
| 3 | Carrier is admitted/licensed to issue insurance in California (CA)\* or on the Ca. Approved LASLI list\*\* |  |  |  |
| 4 | Policy limits of insurance meet requirements in the agreement. |  |  |  |
| 5 | Expiration date of policy is six months or more into the future. |  |  |  |
| 6 | Deductibles/self-insured retention are declared and approved or waived by County. |  |  |  |
|  | Section 2 Insurance Broker |  |  |  |
| 7. | Certificate Holder is "Stanislaus County" or “County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers” |  |  |  |
| 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 |  |  |  |
| 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 |  |  | N/A |
| 10 | Waiver of subrogation endorsement included. ( see **AI** wording above ) |  |  |  |
| 11 | Primary and Non-Contributory Endorsement. ( see **AI** wording above ) |  |  | N/A |
| 12 | 30 day notice of cancellation included. ( see **AI** wording above ) |  |  |  |
|  | 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 | No |  |
| 14 | Is Fire / Builders Risk Insurance a requirement ? | Yes | No | If Yes \*\*\* |
| 15 | Is a Waiver of Insurance Requirements required ? | Yes | No | 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** | | | |
| Surety Bonds Required? If Yes specify type(s) | No | | Yes |
| Reviewer Signature: | | Date: | |
| Title: | | | |