Note: This checklist is used to determine if the successful bidder submitted complete Insurance Policies and Certificates of Insurance in conformance with Section 3-1.025 "Insurance Policies" of the Standard Specifications.  
(This checklist is not a contractual document).

Table of Insurance Checklist Documents**

<table>
<thead>
<tr>
<th>INSURANCE POLICY OR ACCORD DESCRIPTION</th>
<th>BINDER? YES/NO</th>
<th>POLICY / BINDER NUMBER.</th>
<th>POLICY / BINDER PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability (CGL) Policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excess (or Umbrella) Policy</td>
<td>Accord certificate O.K.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto Insurance Accord Certificate of Liability—</td>
<td>Accord form or State Fund certificate O.K.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Insurance—Workers’ Compensation</td>
<td>Accord or binder O.K.; or State Fund certificate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Insurance—U.S. Longshoreman’s and Harbor Workers’ Compensation Act (if applicable, e.g., if over water)</td>
<td>Accord or binder O.K.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Insurance—Jones Act (if applicable)</td>
<td>Accord or binder O.K.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Railroad Protective Insurance or other Coverage Required by Special Provisions (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Items to Check for in Each Document**

1. CGL Policy *(Submit actual policy and accord form).*
   - Name of Insurer
   - Policy Number
   - Policy Period
   - Name of Insured(s) [This should match the Contractor’s name]
   - Additional Insured Endorsement (should specify State of California, Department of Transportation or state something to the effect “as required by contract”)
   - Policy Limits (amount is based upon Section 7-1.12B(4)(b) of the "Amendments to Standard Specifications," found in Section 1 of the contract special provisions).
   - Declarations Page
   - Self-Insurance Endorsement (if applicable)
   - CGL Policy Language (about 13 pages if using the standard ISO forms)
Insurance Document Checklist:  

CONTRACT NO: ________________________  CONTRACTOR:______________________________

2. Excess or Umbrella Policy (*Submit actual policy and accord form*).
   
   ___ Name of Insurer
   ___ Policy Number
   ___ Policy Period
   ___ Name of Insured(s) [This should match the Contractor’s name]
   ___ Additional Insured Endorsement (should specify State of California, Department of 
   Transportation or state something to the effect “as required by contract”)
   ___ Policy Limits (amount is based upon Section 7-1.12B(4)(b) of "Amendments to Standard 
   Specifications," Section 7-1.12B(4)(b) found in Section 1 of the contract special provision)
   ___ Declarations Page
   ___ Self-Insurance Endorsement (if applicable)
   ___ Excess Policy Language (typically about 5 pages if using the standard ISO forms

3. Self-Insured Retention (SIR) (based upon a Self-Insurance Endorsement)
   
   *NOTE: This may apply to both the CGL and Excess policies.*
   
   ___ Notice of Election to Self-Insure
   ___ Notification to Which Self-Insurance Applies
   ___ Amount of Self-Insurance
   ___ Declaration by CPA under Penalty of Perjury of Sufficient Funds/Resources to Cover SIR 
   of $50,000 or higher.

4. Certificate of Insurance—Auto Liability (*Accord form O.K. if items below are addressed*).
   
   ___ Name of Insurer
   ___ Policy Number
   ___ Policy Period
   ___ Policy Coverage (must show coverage for all owned, hired and non-owned automobiles)
   ___ Name of Insured(s) [This should match the Contractor’s name]
   ___ Policy Limits (amount is based upon Section 7-1.12B(5) of the "Amendments to 
   Standard Specifications," found in Section 1 of the contract special provision).

5. Certificate of Insurance—Workers’ Compensation (*Accord form O.K. if items below are addressed, and if with State Fund, must submit State Fund issued certificate of insurance.*
   
   ___ Name of Insurer
   ___ Policy Number
   ___ Policy Period
   ___ Name of Insured(s) [This should match the Contractor’s name]
   ___ Policy Limits (amount is based upon Section 7-1.12B(3) of the "Amendments to Standard 
   Specifications," found in Section 1 of the contract special provisions).
6. Certificate of Insurance—U.S. Longshoreman’s and Harbor Workers’ Compensation Act *(if applicable, accord form is O.K. if items below are addressed).*

___ Name of Insurer
___ Policy Number
___ Policy Period
___ Name of Insured(s) [This should match the Contractor’s name]
___ Policy Limits (amount is based upon Section 7-1.12B(4)(b) of the "Amendments to Standard Specifications," found in Section 1 of the contract special provision, or any other provision of the specifications.

7. Certificate of Insurance—Jones Act *(if applicable, accord form is O.K. if items below are addressed).*

___ Name of Insurer
___ Policy Number
___ Policy Period
___ Name of Insured(s) [This should match the Contractor’s name]
___ Policy Limits (amount is based upon Section 7-1.12B(4)(b) of the "Amendments to Standard Specifications," found in Section 1 of the contract special provisions, or any other provision of the specifications.

8. Railroad Protective Insurance or Other Coverage Required by Specifications or Provisions (if applicable)

___ Is Railroad Protective Insurance Required (Check Section 13 of special provisions).
___ Name of Insurer
___ Policy Number
___ Policy Period
___ Name of Insured(s) [Refer to special provisions]
___ Policy Limits (amount is based upon special provisions)

9. A.M. Best Financial Strength Rating – Section 7-1.12B(2), "Casualty Insurance."

___ Insurer is an A.M. Best rated A- or better. *(Register and verify A.M. Best rating and financial strength category at: [http://www3.ambest.com](http://www3.ambest.com))*
___ Insurer's A.M. Best Financial Size Category is VII or better. *(Double click on company name to view its A.M. Best Financial Size Category).*

FOR ITEMS 1-8, A BINDER MAY BE ACCEPTED IN-LIEU OF AN INSURANCE POLICY.