Insurance Requirements Summarized

Summary and Attached examples are provided for information purposes. Please read agreements thoroughly and ensure you are complying with **ALL** requirements. Insurance requirements are outlined in Section 5. Limits vary. Appearance of Insurance vary.

☐ 5.2.1 **Professional Liability/Errors and Omissions Insurance** ("PLI").
   - Per-claim and aggregate limits of no less than Two Million Dollars ($2,000,000.00)

☐ 5.2.2 **Commercial General Liability Insurance**
   - Limits of no less than One Million Dollars ($1,000,000.00) per occurrence
   - Two Million Dollars ($2,000,000.00) in the general aggregate

☐ 5.2.3 **Automobile Liability Insurance**
   - Covering Code 1 (any auto), or if the Firm has no owned autos, Code 8 (hired) and Code 9 (non-owned),
   - Limits of no less than One Million Dollars ($1,000,000.00) for each occurrence covering bodily injury and property damage.

☐ 5.2.4 **Workers’ Compensation Insurance.**
   - Obtain endorsements from its workers’ compensation insurer waiving all subrogation rights under its workers’ compensation insurance policy against the City, its officials, officers, employees, agents and volunteers
   - Per occurrence basis with limits of at least One Million Dollars ($1,000,000.00) per accident for bodily injury or disease.

☐ 5.4.1 **CGL and Auto Liability Endorsements.** The policy or policies of insurance required by this section for CGL and Automobile Liability Insurance shall be **endorsed** as follows:

   ☐ 5.4.1.1 **Additional Insured.** The City, its officials, officers, employees, agents and volunteers, shall be additional insureds with regard to liability and defense of suits or claims arising out of the performance of the Agreement

   ☐ 5.4.1.3 **Waiver of Subrogation.** Each CGL and Automobile Liability Insurance policy shall contain or be **endorsed** to waive subrogation against the City, its officials, officers, employees, agents and volunteers

☐ 5.4.2 **Notice of Cancellation.**
   - Each policy of any type shall be **endorsed** to provide that coverage
     ☐ Thirty (30) calendar days prior written notice for suspended, voided, cancelled, or modified, or reduced in coverage or in limits
     ☐ Ten (10) calendar days prior written notice because of Firm’s failure to pay the insurance premium,

**BLANKET ENDORSEMENTS ARE NOT ACCEPTED**
### Certificate of Liability Insurance

**ACORD** CERTIFICATE OF LIABILITY INSURANCE

**PRODUCER**

Insurance Broker or Company Name and Contact Information, Including Email Address

**INSURED**

Company Name and Contact Information, Including a Valid Email Address

---

**COVERAGES**

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 exist, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

**INSURERS AFFORDING COVERAGE**

<table>
<thead>
<tr>
<th>NAIC #</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Policy Information**

<table>
<thead>
<tr>
<th>INSURANCE BROKER</th>
<th>INSURANCE BROKER</th>
<th>INSURANCE BROKER</th>
<th>INSURANCE BROKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GL050623</td>
<td>08/01/12</td>
<td>08/01/13</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>TP988035201</td>
<td>08/01/12</td>
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<td>$1,000,000</td>
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<tr>
<td>GL050623</td>
<td>08/01/12</td>
<td>08/01/13</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

**Address Information**

City of Los Alamitos
City Clerk’s Office
3191 Katella Ave.
Los Alamitos, CA 90720

---

**Sample**

NOTE: Circled items MUST be filled out completely.

All policy expirations MUST be valid until after permit expiration date.

Must use this address

Sign Here
COMMERCIAL GENERAL LIABILITY
CG 20 12 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:
The City of Los Alamitos, its officers, employees, agents and volunteers as additional insureds

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions.

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:
   a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
   b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

SAMPLE
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/17/2018

ACORD

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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
DENISE D. BARNES
USI HEALTHCARE – A DIVISION OF USI SOUTHWEST, INC.
9811 KATY FREEWAY, SUITE 500
HOUSTON, TX 77024

INSURED
INTERCARE HOLDINGS, INC.
6020 WEST OAKS BLVD., SUITE 100
ROCKLIN, CA 95765

CONTACT NAME: MARLENE EDWARDS
PHONE: 713-490-4685
FAX: 713-343-5025
EMAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

| INSURER A: HARTFORD ACCIDENT & INDEMNITY INSURANCE CO. | NAIC # 22357 |
| INSURER B: TRUMBULL INSURANCE COMPANY | 27120 |
| INSURER C: TWIN CITY FIRE INSURANCE COMPANY | 29459 |

COVERAGES

COVERAGES CERTIFICATE NUMBER: 06101118 06101119

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.

<table>
<thead>
<tr>
<th>POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC/23</td>
</tr>
<tr>
<td>ABC123</td>
</tr>
</tbody>
</table>

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

CITY OF LOS ALAMITOS, IT'S OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS ARE TO BE COVERED AS ADDITIONAL INSURED FOR ALL LIABILITY ARISING OUT OF THE OPERATIONS BY OR ON BEHALF OF THE NAMED INSURED WITH RESPECTS TO GENERAL LIABILITY PER ATTACHED FORM #HG000010605. WAIVER OF SUBROGATION IS INCLUDED ON THE WORKER’S COMPENSATION, GENERAL LIABILITY AND AUTO LIABILITY POLICIES.

CERTIFICATE HOLDER

CITY OF LOS ALAMITOS
ATT: JASON AL-IMAM
3191 KATELLA AVE.
LOS ALAMITOS, CA 90720

AUTHORIZED REPRESENTATIVE

SAMPLE

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD
POLICY NUMBER: 61 UUN ZP6695

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

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

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s)</th>
<th>Location(s) Of Covered Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF LOS ALAMITOS, ITS OFFICIALS, OFFICERS, EMPLOYEES AGENTS AND VOLUNTEERS</td>
<td>3191 KATELLA AVE LOS ALAMITOS, CA  90720</td>
</tr>
</tbody>
</table>

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.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

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.
C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<table>
<thead>
<tr>
<th>Named Insured: INTERCARE HOLDINGS INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE FORM IH1204</td>
</tr>
<tr>
<td>Endorsement Effective Date: 05/01/19</td>
</tr>
</tbody>
</table>

SCHEDULE

Name Of Person(s) Or Organization(s):
CITY OF LOS ALAMITOS, IT’S OFFICIALS, OFFICERS, EMPLOYEES AGENTS AND VOLUNTEERS
3191 KATELLA AVE, LOS ALAMITOS, CA 90720

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I – Covered Autos Coverages of the Auto Dealers Coverage Form.
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
CITY OF LOS ALAMITOS, IT'S OFFICIALS, OFFICERS, EMPLOYEES AGENTS AND VOLUNTEERS

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV) is amended by the addition of the following:

We waive any rights of recovery we may have against the person or organization shown in the Schedule above because of payments we make for "bodily injury" or "property damage" arising out of your ongoing operations. This waiver applies only to the person or organization shown in the Schedule above.

SAMPLE
This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** INTERCARE HOLDINGS INC  
SEE FORM IH1204  
**Endorsement Effective Date:** 05/01/2019

### SCHEDULE

<table>
<thead>
<tr>
<th>Name(s) Of Person(s) Or Organization(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF LOS ALAMITOS, IT’S OFFICIALS, OFFICERS, EMPLOYEES AGENTS AND VOLUNTEERS</td>
</tr>
</tbody>
</table>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the “accident” or the “loss” under a contract with that person or organization.
**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA**

Policy Number: ABC123  
Effective Date: 05/01/19  
Named Insured and Address: INTERCARE HOLDINGS, INC.  
6020 W OAKS BLVD STE 100  
ROCKLIN CA 95765  
Endorsement Number: 3

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5% of the California workers' compensation premium otherwise due on such remuneration.

**SCHEDULE**

<table>
<thead>
<tr>
<th>Person or Organization</th>
<th>Job Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Los Alamitos, It's Officials, Officers, Employees</td>
<td>002</td>
</tr>
<tr>
<td>Agents and Volunteers, 3191 Katella Ave, Los Alamitos, CA</td>
<td></td>
</tr>
</tbody>
</table>

---

**SAMPLE**
NOTICE OF CANCELLATION TO DESIGNATED CERTIFICATE HOLDER

Policy Number: ABC123
Effective Date:
Named Insured and Address:

Endorsement Number: INTERCARE HOLDINGS, INC.
6020 W OAKS BLVD STE 100
ROCKLIN CA

This policy is subject to the following additional Conditions when a number of days are shown in the schedule for any of the below Parts:

A. If this policy is cancelled by the Company, other than for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.

B. If this policy is cancelled by the Company for non-payment of premium, notice of such cancellation will be provided to the certificate holder in the schedule within the number of days notice of the cancellation effective date, as shown in Part B.

C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the certificate holder in the schedule, within the number of days notice of the cancellation effective date, as shown in Part C.

If notice is mailed, proof of mailing notice to the certificate holder’s mailing address as shown in the schedule will be sufficient proof of notice. If the number of days notice in the schedule for any Part is left blank or is shown as zero, no notice will be provided to the scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy’s term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the company or its agents or representatives.

Schedule

| Number of Days Notice: | Part A: 30 | Part B: 1.0 | Part C: 30 |

Name and Mailing Address of Certificate Holder

CITY OF LOS ALAMITOS, IT'S OFFICIALS, OFFICERS, EMPLOYEES, AGENTS AND VOLUNTEERS
3191 KATELLA AVE
LOS ALAMITOS, CA 90720

© 2011, The Hartford
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION OR NONRENEWAL TO DESIGNATED CERTIFICATE HOLDER

SCHEDULE

<table>
<thead>
<tr>
<th>Number of Days Notice:</th>
<th>Name of Certificate Holder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A: 30</td>
<td>CITY OF LOS ALAMITOS, ITS OFFICIALS, OFFICERS, EMPLOYEES,</td>
</tr>
<tr>
<td>Part B: 30</td>
<td></td>
</tr>
<tr>
<td>Part C: 30</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Part D: 30</td>
<td>AGENTS, AND VOLUNTEERS</td>
</tr>
<tr>
<td></td>
<td>3191 KATELLA AVE</td>
</tr>
<tr>
<td></td>
<td>LOS ALAMITOS, CA 90720</td>
</tr>
</tbody>
</table>

This policy is subject to the following additional Conditions when a number of days are shown in the Schedule for any of the above Parts.

A. If this policy is cancelled by the Company, other than for nonpayment of premium, notice of such cancellation will be provided to the certificate holder in the Schedule, at least the number of days in advance of the cancellation effective date, as shown in Part A.

B. If this policy is cancelled by the Company for nonpayment of premium, notice of such cancellation will be provided to the certificate holder in the Schedule within the number of days notice of the cancellation effective date, as shown in Part B.

C. If this policy is cancelled by the insured, notice of such cancellation will be provided to the certificate holder in the Schedule, within the number of days notice of the cancellation effective date, as shown in Part C.

D. If this policy is nonrenewed by the Company, notice of such nonrenewal will be provided to the certificate holder in the Schedule, at least the number of days in advance of the nonrenewal effective date, as shown in Part D.

If notice is mailed, proof of mailing notice to the certificate holder’s mailing address as shown in the Schedule will be sufficient proof of notice. If the number of days notice in the Schedule for any Part is left blank or is shown as zero, no notice will be provided to the Scheduled certificate holder under that Part.

Any notification rights provided by this endorsement apply only to active certificate holder(s) who were issued a certificate of insurance applicable to this policy’s term.

Failure to provide such notice to the certificate holder(s) will not amend or extend the date the cancellation becomes effective, nor will it negate cancellation of the policy. Failure to send notice shall impose no liability of any kind upon the Company or its agents or representatives.