

Public Works Agency – Watershed Protection – Watershed Permits Minimum Insurance Requirements

Contractor / Business / Organization / Entity

A.) Watercourse Permit (no ROW): minimal impact on channel

Proof of insurance not required

B.) Watercourse Permit: significant impact on channel

Permittee, at its sole cost and expense, will obtain and maintain in full force during the term of this permit the following types of insurance:

1. General Liability "occurrence" coverage in the minimum amount listed below including bodily injury, property damage, personal injury, and products/completed operations.

Project cost:

- \$1 to \$1,000,000: \$1,000,000 each occurrence and \$2,000,000 aggregate.
 - \$1,000,001 to \$5,000,000: \$5,000,000 each occurrence and \$5,000,000 aggregate.
 - \$5,000,001 to \$10,000,000: \$10,000,000 each occurrence and \$10,000,000 aggregate.
2. Workers' Compensation coverage, in full compliance with California statutory requirements, for all employees of Permittee and Employer's Liability in the minimum amount of \$1,000,000. (If applicable).

All insurance required will be primary coverage as respects to County, and any insurance or self-insurance maintained by County will be excess of Permittee's insurance coverage and will not contribute to it.

County is to be notified immediately if any aggregate insurance limit is exceeded. Additional coverage must be purchased to meet requirements.

The County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents, and Volunteers are to be named as Additional Insured as respects work done by Permittee under the terms of this permit on all policies required (except Workers' Compensation).

Permittee agrees to waive all rights of subrogation against the County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents and Volunteers for losses arising from work performed by Permittee under the terms of this permit as it pertains to Workers' Compensation.

Policies will not be canceled, non-renewed or reduced in scope of coverage until after sixty (60) days written notice has been given to the Ventura County Watershed Protection District.

Permittee agrees to provide county with the following insurance documents on or before the effective date of this permit:

1. Certificates of Insurance for all required coverage.
2. Additional Insured endorsements.
3. Waiver of Subrogation endorsements (a.k.a.: Waiver of Transfer Rights of Recovery Against Others, Waiver of Our Right to Recover from Others) as it pertains to Workers' Compensation.

Failure to provide these documents will be grounds for immediate termination or suspension of this permit.

**C.) Encroachment Permit: Access Only onto District ROW (property or easement)
(one-time or short-term use of District road or ROW)**

Proof of insurance not required

D.) Encroachment Permit: Work in District ROW not directly affecting channel

Permittee, at its sole cost and expense, will obtain and maintain in full force during the term of this permit the following types of insurance:

1. General Liability "occurrence" coverage in the minimum amount of \$1,000,000 combined single limit (CSL) bodily injury & property damage each occurrence and \$2,000,000 aggregate, including personal injury, broad form property damage, products/completed operations.
2. Workers' Compensation coverage, in full compliance with California statutory requirements, for all employees of Permittee and Employer's Liability in the minimum amount of \$1,000,000. (If applicable).

All insurance required will be primary coverage as respects County and any insurance or self-insurance maintained by County will be excess of Permittee's insurance coverage and will not contribute to it.

County is to be notified immediately if any aggregate insurance limit is exceeded. Additional coverage must be purchased to meet requirements.

The County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents, and Volunteers are to be named as Additional Insured as respects work done by Permittee under the terms of this permit on all policies required (except Workers' Compensation).

Permittee agrees to waive all rights of subrogation against the County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents and Volunteers for losses arising from work performed by Permittee under the terms of this permit as it pertains to Workers' Compensation.

Policies will not be canceled, non-renewed or reduced in scope of coverage until after sixty (60) days written notice has been given to the Ventura County Watershed Protection District.

Permittee agrees to provide county with the following insurance documents on or before the effective date of this permit:

1. Certificates of Insurance for all required coverage.
2. Additional Insured endorsements.
3. Waiver of Subrogation endorsements (a.k.a.: Waiver of Transfer Rights of Recovery Against Others, Waiver of Our Right to Recover from Others) as it pertains to Workers' Compensation.

Failure to provide these documents will be grounds for immediate termination or suspension of this permit.

E.) Encroachment Permit: Work in ROW directly affecting District channel

Permittee, at its sole cost and expense, will obtain and maintain in full force during the term of this permit the following types of insurance:

1. General Liability "occurrence" coverage in the minimum amount listed below including bodily injury, property damage, personal injury, and products/completed operations.

Project cost:

- \$1 to \$1,000,000: \$1,000,000 each occurrence and \$2,000,000 aggregate.
 - \$1,000,001 to \$5,000,000: \$5,000,000 each occurrence and \$5,000,000 aggregate.
 - \$5,000,001 to \$10,000,000: \$10,000,000 each occurrence and \$10,000,000 aggregate.
2. Workers' Compensation coverage, in full compliance with California statutory requirements, for all employees of Permittee and Employer's Liability in the minimum amount of \$1,000,000. (If applicable).

All insurance required will be primary coverage as respects County, and any insurance or self-insurance maintained by County will be excess of Permittee's insurance coverage and will not contribute to it.

County is to be notified immediately if any aggregate insurance limit is exceeded. Additional coverage must be purchased to meet requirements.

The County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents, and Volunteers are to be named as Additional Insured as respects work done by Permittee under the terms of this permit on all policies required (except Workers' Compensation).

Permittee agrees to waive all rights of subrogation against the County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents and Volunteers for losses arising

from work performed by Permittee under the terms of this permit as it pertains to Workers' Compensation.

Policies will not be canceled, non-renewed or reduced in scope of coverage until after sixty (60) days written notice has been given to the Ventura County Watershed Protection District.

Permittee agrees to provide county with the following insurance documents on or before the effective date of this permit:

1. Certificates of Insurance for all required coverage.
2. Additional Insured endorsements.
3. Waiver of Subrogation endorsements (a.k.a.: Waiver of Transfer Rights of Recovery Against Others, Waiver of Our Right to Recover from Others) as it pertains to Workers' Compensation.

Failure to provide these documents will be grounds for immediate termination or suspension of this permit.

F.) Encroachment Permit: Work in existing or future ROW constructing or rebuilding District facilities that will be owned & maintained by the District (plans will be on Y-drawings)

Permittee, at its sole cost and expense, will obtain and maintain in full force during the term of this permit the following types of insurance:

1. General Liability "occurrence" coverage in the minimum amount listed below including bodily injury, property damage, personal injury, and products/completed operations.

Project cost:

- \$1 to \$1,000,000: \$1,000,000 each occurrence and \$2,000,000 aggregate.
- \$1,000,001 to \$5,000,000: \$5,000,000 each occurrence and \$5,000,000 aggregate.
- \$5,000,001 to \$10,000,000: \$10,000,000 each occurrence and \$10,000,000 aggregate.

2. Workers' Compensation coverage, in full compliance with California statutory requirements, for all employees of Permittee and Employer's Liability in the minimum amount of \$1,000,000. (If applicable).

All insurance required will be primary coverage as respects County and any insurance or self-insurance maintained by County will be excess of Permittee's insurance coverage and will not contribute to it.

County is to be notified immediately if any aggregate insurance limit is exceeded. Additional coverage must be purchased to meet requirements.

The County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents, and Volunteers are to be named as Additional Insured as respects work done by

Permittee under the terms of this permit on all policies required (except Workers' Compensation).

Permittee agrees to waive all rights of subrogation against the County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents and Volunteers for losses arising from work performed by Permittee under the terms of this permit as it pertains to Workers' Compensation.

Policies will not be canceled, non-renewed or reduced in scope of coverage until after sixty (60) days written notice has been given to the Ventura County Watershed Protection District.

Permittee agrees to provide county with the following insurance documents on or before the effective date of this permit:

1. Certificates of Insurance for all required coverage.
2. Additional Insured endorsements.
3. Waiver of Subrogation endorsements (a.k.a.: Waiver of Transfer Rights of Recovery Against Others, Waiver of Our Right to Recover from Others) as it pertains to Workers' Compensation.

Failure to provide these documents will be grounds for immediate termination or suspension of this permit.

G.) Encroachment Permit: CONTINUAL USE or MAINTENANCE PERMIT: Ongoing use District ROW subject to conditions, or ongoing permission to maintain a facility (e.g. outlet utility line) in District ROW

Permittee, at its sole cost and expense, will obtain and maintain in full force during the term of this permit the following types of insurance:

1. General Liability "occurrence" coverage in the minimum amount listed below including bodily injury, property damage, personal injury, and products/completed operations.

Project cost:

- \$1 to \$1,000,000: \$1,000,000 each occurrence and \$2,000,000 aggregate.
- \$1,000,001 to \$5,000,000: \$5,000,000 each occurrence and \$5,000,000 aggregate.
- \$5,000,001 to \$10,000,000: \$10,000,000 each occurrence and \$10,000,000 aggregate.

2. Workers' Compensation coverage, in full compliance with California statutory requirements, for all employees of Permittee and Employer's Liability in the minimum amount of \$1,000,000. (If applicable).

All insurance required will be primary coverage as respects County and any insurance or self-insurance maintained by County will be excess of Permittee's insurance coverage and will not contribute to it.

County is to be notified immediately if any aggregate insurance limit is exceeded. Additional coverage must be purchased to meet requirements.

The County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents, and Volunteers are to be named as Additional Insured as respects work done by Permittee under the terms of this permit on all policies required (except Workers' Compensation).

Permittee agrees to waive all rights of subrogation against the County of Ventura, Its Boards, Agencies, Departments, Districts, Officers, Employees, Agents and Volunteers for losses arising from work performed by Permittee under the terms of this permit as it pertains to Workers' Compensation.

Policies will not be canceled, non-renewed or reduced in scope of coverage until after sixty (60) days written notice has been given to the Ventura County Watershed Protection District.

Permittee agrees to provide county with the following insurance documents on or before the effective date of this permit:

1. Certificates of Insurance for all required coverage.
2. Additional Insured endorsements.
3. Waiver of Subrogation endorsements (a.k.a.: Waiver of Transfer Rights of Recovery Against Others, Waiver of Our Right to Recover from Others) as it pertains to Workers' Compensation.

Failure to provide these documents will be grounds for immediate termination or suspension of this permit.

Homeowner / Property Owner / Individual

Category A and C

Proof of insurance not required

Category B, C, D, E, and G

Permittee, at its sole cost and expense, will obtain and maintain in full force during the term of this permit the following types of insurance:

General Liability "occurrence" coverage in the minimum amount of \$250,000 including bodily injury, property damage, personal injury, and products/completed operations.

All insurance required will be primary coverage as respects to County, and any insurance or self-insurance maintained by County will be excess of Permittee's insurance coverage and will not contribute to it.

County is to be notified immediately if any aggregate insurance limit is exceeded. Additional coverage must be purchased to meet requirements.

Policies will not be canceled, non-renewed or reduced in scope of coverage until after sixty (60) days written notice has been given to the Ventura County Watershed Protection District.

Permittee agrees to provide county with certificates of insurance for all required coverage on or before the effective date of this permit.

Failure to provide these documents will be grounds for immediate termination or suspension of this permit.

Category F

This type is not eligible for the streamline permit requirements in this section.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT	
	NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:	FAX (A/C, No):
INSURED	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY			(must be current)		EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/>				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$ 5,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
<input type="checkbox"/>	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/>				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> A				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below					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)

, its representatives, agents and employees, is an Additional insured under Commercial General Liability . All cited insurance shall be primary coverage and waive rights of recovery (subrogation), including Workers Compensation, against

CERTIFICATE HOLDER (Required)	CANCELLATION
County of Ventura AND Ventura County Watershed Protection District 800 S. Victoria Ave Ventura, CA 93009-1610	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

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POLICY NUMBER: **(Must match GL policy #)**

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization: **(Required)**

County of Ventura AND
Ventura County Watershed Protection District
800 S Victoria Ave
Ventura, CA 93009-1610

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

POLICY NUMBER: **(Must match WC policy #)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

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:

Endorsement Effective Date: **(must be current)**

SCHEDULE

Name(s) Of Person(s) Or Organization(s): **(Required)**

County of Ventura AND

Ventura County Watershed Protection

(or Can be a blanket statement such as "as required by contract or agreement")

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.