

INSURANCE REQUIREMENTS

7/19/13

Insurance: The bidder/offeror shall maintain adequate liability insurance, which shall protect and save harmless the City of Newport News, Virginia, its officials, employees, and volunteers from all suits and actions of every kind and description arising from injury or damage to persons and property in the prosecution of said work or in failure to properly safeguard same, and shall include products and completed operations coverage.

The Commonwealth of Virginia requires construction contractors and subcontractors to obtain and maintain workers' compensation insurance while performing work on behalf of the City. Evidence of coverage needs to be provided prior to commencement of work by bidders/offerors. Coverage is compulsory for employers of 3 or more employees, to include the employer.

Prior to commencement of services, the bidder/offeror shall furnish the City with the following separate endorsements, and a certificate of insurance showing all required insurance coverage with companies authorized or licensed to do business in Virginia. A separate endorsement to the general liability policy shall be provided in which the City is designated as an "Additional Insured." In addition, a separate endorsement to the workers' compensation policy shall be provided in which the City is designated as an "Alternate Employer."

Sample forms CG 20 10 (designating the City as Additional Insured for liability claims) and WC 00 03 01(2005 ed.) (designating the City as an Alternate Employer for workers' compensation claims, pursuant to Section 65.2-302(A) of the Code of Virginia, 1950, as amended); and the Commonwealth's form for Worker's Compensation Certificate of Coverage are attached.

Professional services (work performed by an independent contractor, within the scope of the practice of accounting, architecture, land surveying, landscape architecture, law, dentistry, medicine, optometry, pharmacy, or professional engineering) shall require a certificate of insurance showing professional liability/errors and omissions coverage insurance with companies authorized or licensed to do business in Virginia, prior to the commencement of services. Certain other service providers shall meet the same requirements (including but not limited to asbestos design/inspection/or abatement contractors, and other health care practitioners).

The bidder/offeror shall have ten (10) days from notice of intent to award to provide insurance documentation. Failure to provide the Certificate and forms within this period may be cause for the City to award a contract to the next responsive bidder/offeror, and hold the original contractor liable for excess costs. All insurers providing the above coverage shall give the City thirty (30) days advance written notice in the event of any non-renewal or cancellation of such insurance (10 days notice for non-payment of premium). As confirmation thereof, the City must be furnished either a policy endorsement specifically providing for such notice (copies of three sample endorsements attached), or a copy of the policy language that gives the City such assurance, or a statement on the insurance agent's, broker's, or insurer's letterhead that the City shall be given such notice.

TYPE INSURANCE COVERAGE

LIMITS

- | | |
|---|--|
| 1. Workers' Compensation
Employer's Liability
Bodily Injury by Accident
Bodily Injury by Disease
Bodily Injury by Disease | Statutory

\$100,000.00 each accident
\$100,000.00 each employee
\$500,000.00 policy limit |
| 2. Commercial General Liability | \$1,000,000.00 each occurrence
\$2,000,000.00 aggregate |
| 3. Automobile Liability
(Owned, hired, leased, and borrowed
Vehicles) | \$100,000.00 each occurrence |
| 4. Professional Liability/E&O (if applicable) | \$2,000,000.00 each claim/occurrence
\$2,000,000.00 aggregate |
| 5. Environmental/Pollution Legal Insurance
(if applicable) | \$2,000,000.00 each occurrence
\$2,000,000.00 aggregate |

This insurance coverage supersedes any conflicting insurance coverage and limits in the Department of Engineering 1983 Standard Specifications.

Rev. 05-06-11

POLICY NUMBER: _____ COMMERCIAL GENERAL LIABILITY
CG 20 10 10 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organizations:

City of Newport News
Purchasing Department
2400 Washington Ave
Newport News, VA 23607

(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, but only with respect to liability arising out of your ongoing operations
performed for this insured.

CG 20 10 10 93

Endorsement

Alternate Employer

WC 00 03 01

Policy Amendment

If the following information is not complete, refer to the appropriate information page attached to the policy.

INSURED	POLICY NO.	SEQ. NO.
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PRODUCER	EFFECTIVE DATE
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SCHEDULE

Alternate Employer	Address	State of Special or Temporary Employment
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**City of Newport News
c/o Purchasing Department
2400 Washington Avenue
Newport News, Virginia**

Virginia

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured.

Under Part One (Workers Compensation Insurance), we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the person entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employers duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premiums will be charged for your employees while in the course of special or temporary employment by the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Rev: 03/22/05

WORKER'S COMPENSATION

CERTIFICATE OF COVERAGE

Section 11-46.3, Code of Virginia, requires construction contractors and subcontractors to obtain and maintain workers' compensation insurance while performing work on behalf of the Commonwealth of Virginia departments, institutions or agencies. This same requirement applies for work being performed on behalf of local governments.

Evidence of coverage needs to be provided prior to commencement of work.

This form is to be returned to the organization contracting the work.

The undersigned organization stipulates that it either:

A. Has worker's compensation insurance Yes

Insurance Company: _____

Policy Expiration Date: _____

B. Is self-insured for workers' compensation Yes

Title of Construction Contract: _____

Contract Number: _____

Signed By: _____

Title: _____

Firm Name: _____

Address: _____

NOTICE ENDORSEMENT

Policy Number:

IL 60 05 VA 01 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MATERIAL COVERAGE CHANGE OR CANCELLATION
NOTIFICATION – CERTIFIED MAIL**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL PROPERTY COVERAGE PART
- CRIME AND FIDELITY COVERAGE PART
- LIQUOR LIABILTY COVERAGE PART
- OWNERS AND CONTRACTOR PROTECTIVE LIABILITY PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART

SCHEDULE

Name of additional Insured Person(s) Or Organization(s) and mailing address:	Location And Description Of Project
<p style="text-align: center;">City of Newport News c/o Purchasing Department 2400 Washington Avenue Newport News, VA 23607</p>	

We will not cancel or reduce coverage under this policy without providing at least 30 days notice of our intent to do so. Notice of such cancellation or reduction of coverage will be provided by certified mail, return receipt requested, to the Additional insured in the schedule above.

NOTICE ENDORSEMENT

Policy Number:

WC 99 00 10 01 10A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**MATERIAL COVERAGE CHANGE OR CANCELLATION
NOTIFICATION – CERTIFIED MAIL**

This endorsement modifies insurance provided under the following:
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

SCHEDULE

Name of additional Insured Person(s) Or Organization(s) and mailing address:	Location And Description Of Project
City of Newport News c/o Purchasing Department 2400 Washington Avenue Newport News, VA 23607	

We will not cancel or reduce coverage under this policy without providing at least 30 days notice of our intent to do so. Notice of such cancellation or reduction of coverage will be provided by certified mail, return receipt requested, to the Additional insured in the schedule above.

NOTICE ENDORSEMENT

Policy Number:

COMMERCIAL AUTO
CA 02 03 12 05

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**VIRGINIA CANCELLATION AND NONRENEWAL
NOTICE TO DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

SCHEDULE

1. Name: City of Newport News c/o Purchasing Department
2. Address: 2400 Washington Avenue Newport News, VA 23607
3. Number of days advance notice: 30
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.



City Attorney
COLLINS L. OWENS, JR.

Deputy City Attorneys
DARLENE P. BRADBERRY
RICHARD D. CAPLAN
JOSEPH M. DuRANT
LYNN A. SPRATLEY

Assistant City Attorneys
ADONICA BAINE
PAMELA P. BATES
SHANNON M. MANNING
PATRICK C. MURPHREY
ROBERT E. PEALO

July 17, 2013

To Whom It May Concern:

Re: Notice of cancellation requirements for insurance coverage

Dear Sir or Madam:

In the wake of revisions to the ACORD form, I have been receiving documentation from insurers that indicates that, since a statement regarding notice of cancellation is no longer included on the form, that the company cannot give any such assurance in the future. Some companies have indicated that they intend to strictly rely on the disclaimers in the form.

Please note that the City requires that it be added as an additional insured by specific endorsements. A simple notation of these endorsements on the ACORD form will not be accepted. Also, any additional insured endorsement will be rejected if it includes an exclusion of completed operations coverage.

Further the City will not accept proof of insurance that fails to provide for thirty(30) days notice of policy cancellation [ten (10) days for those situations detailed in Va. Code § 38.2-2114].

This assurance may be provided by one of the following two methods:

1. A separate endorsement specifying the notice as required, or
2. A copy of a policy provision regarding such notice.

In addition, this same assurance must be given when the City requires an Alternate Employer endorsement. No alternate employer endorsement will be accepted that includes a provision that the statutory employer will receive no notice of cancellation. A form including this provision appears to be contrary to Virginia Code § 65.2-804(B), which requires thirty (30) days notice of cancellation [ten (10) days for those situations detailed in Va. Code § 38.2-2114]. Virginia Code § 65.2-800 requires that an employer be insured, and paragraph C of that section equates an employer and a

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statutory employer for the purposes of that duty.

In summary, the City will accept no proof of insurance that does not include in one of the forms indicated above an assurance that the City will receive thirty(30) days notice of cancellation [ten (10) days for those situations detailed in Va. Code § 38.2-2114]. Also, any qualification of this assurance with language that purports to avoid liability for failure to provide such notice will not be accepted.

Failure to provide the required items could result in rejection of your insured's bid or offer to provide services to the City, or a rejection of the insured's request for City permits that require the City to be named as an additional insured.

Additional coverage may be necessary as set out in the contract documents.

Very Truly Yours,

/s/ Joseph M. DuRant

Deputy City Attorney

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