

**Instructions for Completing the ACORD
Certificate of Liability Insurance**
(Form – ACORD 25 [Version: 2016/03])

1. **DATE (MM/DD/YYYY)** – this is the date the Certificate is generated;

2. **PRODUCER** – insert the complete name and address of the insurance agency or broker issuing this Certificate; in the adjacent cell (located just to the right of the PRODUCER cell) include CONTACT PERSON's name, office phone, Fax number(s) and e-mail address.

3. **INSURED** – enter the complete legal name and address of the Consulting Firm, the Contractor's Company or the Supplier's Company (to include any dba used);

4. INSURERS AFFORDING COVERAGE

- a. **INSURER A** through **E** – enter the insurance carrier's complete Operating Company name; **or**
- b. **NAIC #** - enter National Association of Insurance Commissioners (5 – digit) insurance carrier ID number.

NOTE:

If the name of the Insurer used cannot be located in the A.M. Best Directory, then the NAIC # will be required.

5. CERTIFICATE NUMBER/REVISION NUMBER

These two data fields, if utilized by the insurance agency or insurance broker, could be used as a quick reference number; SAWS does not require this to be used.

6. COVERAGES

- a. **INSURER Letter (INSR/LTR)** column - place the corresponding letter of the insurance carrier affording coverage by each respective type of insurance coverage;

- b. **TYPE OF INSURANCE:**
 - 1) **GENERAL LIABILITY:**
 - a) **COMMERCIAL GENERAL LIABILITY** – place an “X” in the space provided;

 - b) **OCCUR** (Occurrence based form) - place an “X” in the space provided;

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c) **GEN'L AGGREGATE LIMIT APPLIES PER:**

- For *Construction Contracts* - place an “X” in the box right in front of the word **PROJECT**; or
- For all *Other Contracts* - an “X” in the box right in front of either the word **POLICY** or **LOCATION** is acceptable.

d) **ADDL INSR and SUBR WVD** columns:

The two columns labeled **ADDL INSR** and **SUBR WVD** are provided to indicate by a check mark or an “X” whether this line of insurance coverage is endorsed with both the Additional Insured and the Waiver of Subrogation.

The use of these two columns **alone** does not meet SAWS Insurance Specifications.

SAWS requires the following specific endorsement wording for the Additional Insured and Waiver of Subrogation endorsements, to be inserted into the **DESCRIPTION OF OPERATIONS** section of the Certificate:

Additional Insured:

Either use:

“The Automobile Liability, **Commercial General Liability** and Umbrella Liability policies include a blanket automatic Additional Insured endorsement that provides additional insured status to the Certificate Holder (SAWS) and the City of San Antonio only when there is a written contract between the named Insured and the Certificate Holder that requires such status.”

Or use:

“The Automobile Liability, **Commercial General Liability** and Umbrella Liability policies are endorsed naming the San Antonio Water System and the City of San Antonio as an Additional Insured.”

Waiver of Subrogation:

Either use:

The Automobile Liability, **Commercial General Liability** and Workers’ Compensation and Umbrella Liability policies include a blanket, automatic Waiver of Subrogation endorsement that provides this feature only when there is a written contract between the named Insured, the Certificate Holder (SAWS) and the City of

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San Antonio that requires such status.

Or use:

“The Automobile Liability, **Commercial General Liability**, Workers’ Compensation and Umbrella Liability policies are endorsed with the Waiver of Subrogation in favor of the San Antonio Water System and the City of San Antonio.”

- e) Enter complete **POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YYYY)**, and **POLICY EXPIRATION DATE (MM/DD/YYYY)**;
- f) The minimum policy **LIMITS** for the Commercial General Liability coverage are as follows:

\$ 1,000,000.00	Occurrence Limit
2,000,000.00	General Aggregate
1,000,000.00	Products/Completed Operations Aggregate (See NOTE below)
1,000,000.00	Personal and Advertising Injury

NOTE:

The above limits for Products/Completed Operations Aggregate for all Construction Contracts is \$2 million.

2) **AUTOMOBILE LIABILITY:**

- a) Place an “X” in the box in front of each appropriate auto category for which coverage applies.
- b) **ADDL INSR and SUBR WVD** columns:

The two columns labeled **ADDL INSR** and **SUBR WVD** are provided to indicate by a check mark or an “X” whether this line of insurance coverage is endorsed with both the Additional Insured and the Waiver of Subrogation.

The use of these two columns **alone** does not meet SAWS Insurance Specifications.

SAWS requires the following specific endorsement wording for the Additional Insured and Waiver of Subrogation endorsements, to be inserted into the **DESCRIPTION OF OPERATIONS** section of the Certificate:

Additional Insured:

Either use:

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“The **Automobile Liability**, Commercial General Liability and Umbrella Liability policies include a blanket automatic Additional Insured endorsement that provides additional insured status to the Certificate Holder (SAWS) and the City of San Antonio only when there is a written contract between the named Insured and the Certificate Holder that requires such status.”

Or use:

“The **Automobile Liability**, Commercial General Liability and Umbrella Liability policies are endorsed naming the San Antonio Water System and the City of San Antonio as an Additional Insured.”

Waiver of Subrogation:

Either use:

The **Automobile Liability**, Commercial General Liability and Workers’ Compensation and Umbrella Liability policies include a blanket, automatic Waiver of Subrogation endorsement that provides this feature only when there is a written contract between the named Insured, the Certificate Holder (SAWS) and the City of San Antonio that requires such status.

Or use:

“The **Automobile Liability**, Commercial General Liability, Workers’ Compensation and Umbrella Liability policies are endorsed with the Waiver of Subrogation in favor of the San Antonio Water System and the City of San Antonio.”

- c) Enter complete **POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YYYY)**, and **POLICY EXPIRATION DATE (MM/DD/YYYY)**.
- d) The typical minimum limits of liability for bodily injury and property damage **combined** for this line of insurance coverage shall be not less than \$1,000,000.00 each accident.

NOTE:

If the Contractor’s Pollution Liability policy is required and the Contractor’s Pollution Liability policy **is not endorsed** to provide transportation coverage beyond the boundaries of the job site the Commercial/Business Automobile Liability policy must have the CA9948 endorsement (“**Pollution Liability – Broadened Coverage for Covered Autos – Business Auto, Motor Carrier and Truckers Coverage**” forms) - the following statement noting this endorsement shall be placed either in the blank area just below the NON_OWNED AUTOS wording on the Certificate **or** in the **DESCRIPTION OF OPERATIONS** section of the Certificate:

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“Contractor’s Commercial/Business Automobile Liability insurance coverage is endorsed with the CA9948 endorsement to provide transportation coverage beyond the boundaries of the job site.”

Policy must also be endorsed with MCS90 endorsement when hazardous material(s) are being transported.

3) **EXCESS/UMBRELLA LIABILITY** (where applicable):

- a) Coverage form used - place an “X” in the appropriate box that identifies the coverage form under which this Policy is written: **UMBRELLA LIAB** or **EXCESS LIAB**; and
- b) Occurrence or Claims-Made basis - SAWS requires an “X” be placed in the box right in front of the word **OCCUR**;
- c) **ADDL INSR and SUBR WVD** columns:

The two columns labeled **ADDL INSR** and **SUBR WVD** are provided to indicate by a check mark or an “X” whether this line of insurance coverage is endorsed with both the Additional Insured and the Waiver of Subrogation.

The use of these two columns **alone** does not meet SAWS Insurance Specifications.

SAWS requires the following specific endorsement wording for the Additional Insured and Waiver of Subrogation endorsements, to be inserted into the **DESCRIPTION OF OPERATIONS** section of the Certificate:

Additional Insured:

Either use:

“The Automobile Liability, Commercial General Liability and **Umbrella Liability** policies include a blanket automatic Additional Insured endorsement that provides additional insured status to the Certificate Holder (SAWS) and the City of San Antonio only when there is a written contract between the named Insured and the Certificate Holder that requires such status.”

Or use:

“The Automobile Liability, Commercial General Liability and **Umbrella Liability** policies are endorsed naming the San Antonio Water System and the City of San Antonio as an Additional Insured.”

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Waiver of Subrogation:

Either use:

The Automobile Liability, Commercial General Liability and Workers' Compensation and **Umbrella Liability** policies include a blanket, automatic Waiver of Subrogation endorsement that provides this feature only when there is a written contract between the named Insured, the Certificate Holder (SAWS) and the City of San Antonio that requires such status.

Or use:

“The Automobile Liability, Commercial General Liability, Workers' Compensation and **Umbrella Liability** policies are endorsed with the Waiver of Subrogation in favor of the San Antonio Water System and the City of San Antonio.”

- d) Enter complete **POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YYYY),** and **POLICY EXPIRATION DATE (MM/DD/YYYY).**
- e) The minimum limits* of liability for this line of insurance coverage shall be:

\$ 2,000,000.00	<u>Occurrence Limit</u>
2,000,000.00	<u>General Aggregate</u>

*The above limits may vary from \$5 million to \$50 million depending on the degree of and potential for greater liability exposure to SAWS. Check the General Conditions – Special Conditions section of the Bid document for the increased coverage limits.

4) **WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY:**

- a) Answer the Question: ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below.
- b) **ADDL INSR and SUBR WVD** columns:

The two columns labeled **ADDL INSR** and **SUBR WVD** are provided to indicate by a check mark or an “X” whether this line of insurance coverage is endorsed with both the Additional Insured (which is not required by SAWS) and the Waiver of Subrogation. With this line of coverage “N/A” is already placed in the Additional Insured column on the form.

The use of the Waiver of Subrogation column **alone** does not meet SAWS Insurance Specifications.

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SAWS requires the following specific endorsement wording for only the Waiver of Subrogation endorsement, to be inserted into the **DESCRIPTION OF OPERATIONS** section of the Certificate:

Waiver of Subrogation:

Either use:

The Automobile Liability, Commercial General Liability and **Workers' Compensation** and Umbrella Liability policies include a blanket, automatic Waiver of Subrogation endorsement that provides this feature only when there is a written contract between the named Insured, the Certificate Holder (SAWS) and the City of San Antonio that requires such status.

Or use:

“The Automobile Liability, Commercial General Liability, **Workers' Compensation** and Umbrella Liability policies are endorsed with the Waiver of Subrogation in favor of the San Antonio Water System and the City of San Antonio.”

- c) Enter complete **POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YYYY),** and **POLICY EXPIRATION DATE (MM/DD/YYYY).**

- d) **WORKERS' COMPENSATION (“WC”):**

SAWS requires having an “X” entered in the box right in front of the words **WC STATUTORY LIMITS.**

- d) **EMPLOYERS' LIABILITY (“E.L.”):**

The minimum policy limits of liability shall not be less than:

\$ 1,000,000.00	E.L. each Accident
1,000,000.00	E.L. Disease - Each Employee
1,000,000.00	E.L. Disease - Policy Limit

- 5) **Row of blank cells** located immediately below the **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** row:

- a) This empty slot of spaces is typically used for such lines of coverage as **PROFESSIONAL (Engineer's & Architect's E&O) LIABILITY, CONTRACTOR'S POLLUTION LIABILITY, COMMERCIAL CRIME** and/or **BUILDER'S RISK** lines of insurance coverage.

- b) **ADDL INSR and SUBR WVD** columns:

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The two columns labeled **ADDL INSR** and **SUBR WVD** are provided to indicate by a check mark or an “X” whether this line of insurance coverage is endorsed with both the Additional Insured and the Waiver of Subrogation.

Since SAWS does not require the PROFESSIONAL (Engineer’s & Architect’s E&O) LIABILITY, CONTRACTOR’S POLLUTION LIABILITY, COMMERCIAL CRIME and/or BUILDER’S RISK lines of insurance coverage to be endorsed with either of the Additional Insured or the Waiver of Subrogation endorsements, do not place anything in either of the **ADDL INSR** or **SUBR WVD** columns.

- c) Enter complete **POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YYYY),** and **POLICY EXPIRATION DATE (MM/DD/YYYY).**
- d) The minimum limits (the per occurrence/claims-reported limit as well as the policy aggregate limit) for whichever TYPE OF INSURANCE coverage you are declaring in this OTHER space must match with or exceed limits stated in the Insurance Specifications/Requirements contained in the respective Construction Bid, RFP or RFQ document.

NOTE:

- 1. If the line of insurance coverage is either for Professional Liability or Contractor’s Pollution Liability, identify in the **DESCRIPTION OF OPERATIONS** section of the Certificate the coverage form under which the respective line of coverage is written – either:
 - a. Claims-made form; **or**
 - b. Occurrence basis.
- 2. In instances where the coverage form used is Claims-made include the “Retro- Active date” according to the following:
 - a. For all contracts requiring Professional Liability and/or Contractor’s Pollution Liability coverage, the “**Retro-Active date**” shall be the Project start date or earlier and must be identified in the **DESCRIPTION OF OPERATIONS** section of the Certificate.
 - b. That date must be maintained (carried forward) as the “**Retro-Active date**” throughout the life of the Project/Contract to include the two-year warranty period (if required) following the close out of the Project/Contract.
- 3. If the Occurrence based coverage form is declared, no further information is required; and

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4. If the Contractor’s Pollution Liability insurance coverage is required, the policy shall be endorsed to provide transportation coverage beyond the boundaries of the job site—the following statement noting this endorsement shall be placed in the **DESCRIPTION OF OPERATIONS** section of the Certificate;

“Contractor’s Pollution Liability insurance coverage is endorsed to provide transportation coverage beyond the boundaries of the job site.”

If the Contractor’s Pollution Liability policy is **not endorsed** to provide transportation coverage beyond the boundaries of the job site then the Commercial/Business Automobile Liability policy must have the CA9948 endorsement (“**Pollution Liability – Broadened Coverage for Covered Autos – Business Auto, Motor Carrier and Truckers Coverage**” forms) - the following statement noting this endorsement shall be placed either in the blank area just below the NON_OWNED AUTOS wording on the Certificate **or** in the **DESCRIPTION OF OPERATIONS** section of the Certificate:

“Contractor’s Commercial/Business Automobile Liability insurance coverage is endorsed with the CA9948 endorsement to provide transportation coverage beyond the boundaries of the job site.”

Policy must also be endorsed with MCS90 endorsement when hazardous material(s) are being transported.

**7. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS
ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

a. DESCRIPTION OF OPERATIONS:

- 1) Enter in this space the SAWS’ Job, Contract and/or Project number such as 09-1111 **or** P-09-011-MR;
- 2) The Project or Contract name may be included but is not required - such as “42” Water Main replacement Maltsberger from Loop 410 to U.S. 281 at Isom Road Engineering Design Project **or** Construct 1 MG Composite Potable Water Elevated Storage Tank.

b. Where applicable or as needed, enter into this section, the DESCRIPTIONS of LOCATIONS, VEHICLES and/or EXCLUSIONS ADDED BY ENDORSEMENT.

c. DESCRIPTION OF SPECIAL PROVISIONS:

SPECIAL PROVISIONS to SAWS would include the wording for the Additional Insured and

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Waiver of Subrogation endorsements, declaring the type of policy coverage under which the Professional and Contractor’s Pollution Liability policies are written, 30-day Notice of Cancellation, and other miscellaneous information that may be required; the wording may require a second page to complete.

Special ENDORSEMENT’s wording required on the Certificate:

Additional Insured:

Either use:

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Or use:

“The Automobile Liability, Commercial General Liability and **Umbrella Liability** policies are endorsed naming the San Antonio Water System and the City of San Antonio as an Additional Insured.”

Waiver of Subrogation:

Either use:

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Or use:

“The Automobile Liability, Commercial General Liability, Workers’ Compensation and **Umbrella Liability** policies are endorsed with the Waiver of Subrogation in favor of the San Antonio Water System and the City of San Antonio.”

30-day Notice of Cancellation:

“Each of the above described policies is so endorsed requiring SAWS and the City of San Antonio to be provided thirty (30) calendar days, advance written notice of cancellation or non-renewal, and not less than ten (10) calendar days advance written notice for nonpayment of premium.”

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8. CERTIFICATE HOLDER

SAWS shall be shown as the Certificate Holder in the Certificate Holder section located in the bottom half of the standard ACORD Certificate forms as follows:

**San Antonio Water System
c/o Ebix BPO
PO Box 100085-ZD
Ref. (SAWS Contract ID/Bid/Project #)
Duluth, GA 30096**

9. CANCELLATION

Despite the wording in this section of the Certificate SAWS requires the following wording to be inserted into the **DESCRIPTION OF OPERATIONS** section of the Certificate:

30-day Notice of Cancellation:

“Each of the above described policies is so endorsed requiring SAWS and the City of San Antonio to be provided thirty (30) calendar days, advance written notice of cancellation or non-renewal, and not less than ten (10) calendar days advance written notice for nonpayment of premium.”

10. AUTHORIZED REPRESENTATIVE

The original certificate(s) or form must include at least one of the below acceptable names/signatures:

- a. Agency’s Authorized person’s (wet or stamped) signature;
- b. Agent's (wet or stamped) signature; or
- c. Agent's typed in name.



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 have ADDITIONAL INSURED provisions or 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:		FAX (A/C, No):
	PHONE (A/C, No, Ext):		
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

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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