

# ACORD . CERTIFICATE OF INSURANCE

(Issue date)

**PRODUCER**  
 Your insurance broker/agency  
 Address  
 Phone number      Fax number  
 Agent name/contact person

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**COMPANIES AFFORDING COVERAGE**

**COMPANY A**  
 Applicable insurance carrier name

**INSURED:**      Your company name  
 Address  
 Phone number      Fax number

**COMPANY B**  
 Applicable insurance carrier name

**COMPANY C**  
 Applicable insurance carrier name

**COVERAGES**  
 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 POLICES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
A.	<b>GENERAL LIABILITY</b>	1680981W253TIA97GL	mm-dd-yyyy	mm-dd-yyyy	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY PER OCCURRENCE				PRODUCTS-COMP/OP AGG	\$2,000,000
	<input checked="" type="checkbox"/> General Aggregate Per Project				PERSONAL & ADV INJURY EACH OCCURRENCE	\$500,000
					FIRE DAMAGE (Any one fire)	\$2,000,000
					MED EXP (Any one person)	\$50,000
B	<b>AUTOMOBILE LIABILITY</b>	1680981W2533TIA97A	mm-dd-yyyy	mm-dd-yyyy	COMBINED SINGLE LIMIT	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
C	<b>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</b>	1680981W2533TIA97WC	mm-dd-yyyy	mm-dd-yyyy	<input checked="" type="checkbox"/> STATUTORY LIMITS	
	E.L. EACH ACCIDENT				\$500,000	
	E.L. DISEASE POLICY-LIMIT				\$500,000	
	E.L. DISEASE EACH EMPLOYEE				\$500,000	

**City of Des Moines**  
**CONTRACTORS**  
**SAMPLE FORM**  
 -Minimum requirements shown  
 -Attach the City's endorsements to the Certificate as proof that the policies have been endorsed as required

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/S SPECIAL ITEMS**  
 Covers all operations performed by the insured for the certificate holder during the policy year.  
 As required by contract, the City of Des Moines' Additional Insured, Governmental Immunities & Cancellation and Material Change endorsements have been included, per attached.  
 Fellow employee exclusion deleted for managers and supervisors under General Liability and Automobile Liability.

**CERTIFICATE HOLDER**  
 City of Des Moines  
 Engineering Department  
 400 Robert D. Ray Drive  
 Des Moines, Iowa 50309

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

**AUTHORIZED REPRESENTATIVE**

## ENDORSEMENTS

### CITY OF DES MOINES, IOWA ADDITIONAL INSURED ENDORSEMENT

The City of Des Moines, Iowa, including all its elected and appointed officials, all its employees and volunteers, all its boards, commissions and/or authorities and their board members, employees, and volunteers, are included as Additional Insureds with respect to liability arising out of the Insured's work and/or services performed for the City of Des Moines, Iowa. This coverage shall be primary to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds, whether other available coverage be primary, contributing or excess.

### CITY OF DES MOINES, IOWA GOVERNMENTAL IMMUNITIES ENDORSEMENT (For use when including the City as an Additional Insured)

1. Nonwaiver of Government Immunity. The insurance carrier expressly agrees and states that the purchase of this policy and the including of the City of Des Moines, Iowa as an Additional Insured does not waive any of the defenses of governmental immunity available to the City of Des Moines, Iowa under Code of Iowa Section 670.4 as it now exists and as it may be amended from time to time.
2. Claims Coverage. The insurance carrier further agrees that this policy of insurance shall cover only those claims not subject to the defense of governmental immunity under the Code of Iowa Section 670.4 as it now exists and as it may be amended from time to time.
3. Assertion of Government Immunity. The City of Des Moines, Iowa shall be responsible for asserting any defense of governmental immunity, and may do so at any time and shall do so upon the timely written request of the insurance carrier. Nothing contained in this endorsement shall prevent the carrier from asserting the defense of governmental immunity on behalf of the City of Des Moines, Iowa.
4. Non-Denial of Coverage. The insurance carrier shall not deny coverage under this policy and the insurance carrier shall not deny any of the rights and benefits accruing to the City of Des Moines, Iowa under this policy for reasons of governmental immunity unless and until a court of competent jurisdiction has ruled in favor of the defense(s) of governmental immunity asserted by the City of Des Moines, Iowa.
5. No Other Change in Policy. The insurance carrier and the City of Des Moines, Iowa agree that the above preservation of governmental immunities shall not otherwise change or alter the coverage available under the policy.

### CITY OF DES MOINES, IOWA CANCELLATION AND MATERIAL CHANGES ENDORSEMENT

Thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction in insurance coverage and/or limits and ten (10) days written notice of non-payment of premium shall be sent to: Engineering Department, City of Des Moines, City Hall, 400 Robert D. Ray Drive, Des Moines, Iowa 50309. This endorsement supersedes the standard cancellation statement on the Certificate of Insurance to which this endorsement is attached.