

# CITY OF HEALDSBURG

Public Works Department

Encroachment Permit Application



SITE ADDRESS OR LOCATION DESCRIPTION	

<b>PROPERTY OWNER</b>	NAME	PHONE
	MAILING ADDRESS	EMAIL
	CITY, STATE, ZIP	FAX
<b>CONTRACTOR</b>	NAME	CONTRACTOR LICENSE NO.
	MAILING ADDRESS	PHONE
	CITY, STATE, ZIP	EMAIL
	ASSOCIATED PERMIT NUMBER (if applicable)	FAX

<b>DATE WORK TO BEGIN</b>	<b>DATE WORK TO BE COMPLETED</b>
<b>PERSON PERFORMING THE WORK:</b>	<b>BUSINESS LICENSE NUMBER</b>

<b>DESCRIPTION OF WORK</b>	
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<b>EQUIPMENT USED ON SITE</b>
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<b>APPLICANT'S STATEMENT:</b>	
I have completed this form to the best of my knowledge and have attached the required drawings, insurance certificates and endorsements. I further understand the requirement to protect all existing property monuments.	
SIGNATURE _____	DATE _____
PRINT NAME _____	

<b>CITY USE ONLY</b>	DATE APPLICATION RECEIVED	RECEIVED BY
	APPROVED BY	NOTES:



## Encroachment Permit Application Package

Prior to any individual performing work or encumbering the City of Healdsburg’s public right of way, an Encroachment Permit shall be obtained from the Public Works Department. The public right of way is any City controlled property such as streets, sidewalks, utilities, storm drains, parks, or public easements. Please see the frequently asked questions (FAQs) on the Public Works website or contact (707) 431-3346.

Initial City review of the Encroachment Permit application will require up to three working days. Complete review and issuance may require as long as ten working days. **The attached insurance forms are preapproved, confer with your insurance broker before your insurance is submitted to prevent potential delays in reviewing your insurance. Use of any other insurance forms will require additional time for review.** The insurance submitted must name the Contractor performing the work.

### APPLICATION

Application documents shall be submitted as a single package. **Incomplete application packages will be returned for a complete resubmittal.** A complete application package consists of all of the following items:

- .. Encroachment Permit Application form (completed by contractor performing the work)
- .. Site Plan illustrating the following:
  - § Location of work
  - § Proposed work to be performed
  - § Proposed trench section (if work involves excavation)
- .. Traffic control plan illustrating the following:
  - § Area of traffic control
  - § MUTCD Standard Details for the traffic control configuration
- .. Insurance Certificate(s) including:
  - .. General Liability insurance endorsement and declaration page
  - .. Automobile insurance endorsement and declaration page
  - .. Workers Compensation insurance
- .. Business License (Proof of current City of Healdsburg Business License)

### FEES

Permit fees are determined on a case-by-case basis and are paid when the permit is issued. The fee structure is:

- \$203.00..... processing fee (*\$25.00 fee reduction for maintaining current insurance on file*)
- \$57.00..... per inspection fee (*number of inspections varies with scope of work*)
- \$114.00..... per hour of engineering staff review (*varies with scope of design and plan revisions*)

### DELIVERY

A complete application package can be delivered in person to the Community Development Center at City Hall (401 Grove Street), faxed to (707) 431-2710, emailed to [publicworks@ci.healdsburg.ca.us](mailto:publicworks@ci.healdsburg.ca.us) or mailed to:

City of Healdsburg  
401 Grove Street  
Healdsburg, CA 95448.

### QUESTIONS?

For general questions contact Robert Boinski or Kelly Casey at (707) 431-3346.

For insurance specific questions please contact Tina Trettin at [ttrettin@ci.healdsburg.ca.us](mailto:ttrettin@ci.healdsburg.ca.us) or (707) 473-4458

# CITY OF HEALDSBURG



## Encroachment Permit Insurance Requirements

Updated: August 2018

Prior to receiving an encroachment permit to perform work in the City right-of-way, the **Contractor** shall furnish the insurance documents described below to the City of Healdsburg for approval.

### Insurance Requirements

1. The minimum limits of the Commercial General Liability (including bodily injury, personal injury and property damage) insurance shall be:
  - a. \$2,000,000 per occurrence
  - b. \$2,000,000 aggregate
2. If the work to be performed involves any excavation, the policy shall include an endorsement that affords coverage for explosion, collapse and underground hazards. Completed Operations coverage may be required for some permits (i.e. a permit with work which includes the repaving of City streets) and will be required to be maintained for a designated period after the work has been completed.
3. If the work to be performed involves vehicles or vehicular equipment, the Automobile Liability insurance limit shall be:
  - a. \$2,000,000 per accident for bodily injury and property damage

Automobile coverage should be at least as broad as Insurance Services Office Automobile Liability form CA 0001 Code 1 ("any auto"). No endorsement may be attached limiting the coverage. If coverage provided is anything less than 'any auto' additional information, such as schedule of covered autos or proof of personal auto liability coverage, may be required by the City.

4. Worker's Compensation Insurance. Proof of Workers Compensation and Employers Liability insurance as required by any applicable law, regulation or statute, including the provisions of Division IV of the Labor Code of the State of California, and any act or acts amending it. Worker's compensation insurance must be for Statutory Limits and must cover the full liability of the Contractor. The Contractor's Employer's Liability Insurance must be in an amount no less than \$1,000,000.00 per occurrence.
5. Commercial Umbrella/Excess Policy. The Commercial policy is to insure losses above General liability, Employers liability, and Auto liability limits. The limits of insurance required under this permit may be satisfied by a combination of primary and Umbrella or Excess insurance. Any umbrella or excess insurance shall contain or be endorsed to contain a provision that such coverage shall also apply on a primary and non-contributory basis for the benefit of City (if agreed to in a written contract or agreement) before the City's own insurance or self-insurance shall be called upon to protect it as a named insured.
6. The City Risk Manager may increase or decrease the insurance requirements and limits set forth in those cases in which he/she determines that special circumstances justify such an increase or decrease.

### Additional Requirements

1. All required insurance must be provided in the form of “occurrence”- type policies underwritten by admitted insurers in the State of California with a rating of A or better from the current year Best Rating Guide. All policies must be issued at the expense of the Contractor and must be maintained at the Contractor’s expense throughout the performance of the Work under this permit. Completed operations coverage, if required will be required to be maintained for an extended period after the work is complete. The length of the period will be based on type of work performed.
2. It shall be a requirement under this permit that any available insurance proceeds broader than or in excess of the specified minimum Insurance coverage requirements and/or limits shall be available to the Additional Insured. Furthermore, the requirements for coverage and limits shall be (1) the minimum coverage and limits specified in this Permit; or (2) the broader coverage and maximum limits of coverage of any Insurance policy or proceeds available to the name insured; which ever greater.
3. The Additional Insured coverage under the Contractor’s policy shall be “primary and non-contributory” and will not seek contribution from the City of Healdsburg’s insurance or self-insurance.
4. All self-insured retentions (SIR’s) must be disclosed to City for approval and shall not reduce the limits of liability. Policies containing any self-insured retention (SIR) provision shall provide or be endorsed to provide that the SIR may be satisfied by either the named Insured or the City, the City reserves the right to obtain a full certified copy of any insurance policy and endorsements. Failure to exercise this right shall not constitute a waiver of right exercise later.
5. Endorsements must add the City, its officials, officers, employees, agents and volunteers as an additional insured. Examples of City approved insurance forms are included in this package. If the Contractor provides policy pages or broad forms of endorsement the insurance carrier will be asked to sign, initial and date all applicable sections of the document which conveys coverage to the City.
6. The Contractor shall provide the City with a 30 day written notice of any reduction or cancellation of such insurance required to be furnished by the Contractor; and include a severability of interest clause acceptable to the City and if requested by the City.

### **Subcontractors**

Contractor agrees to include with all subcontractors in their subcontract the same requirements and provisions of this agreement including the indemnity and Insurance requirements to the extent they apply to the scope of the Subcontractor’s work. Contractor shall require all sub-contractors to provide a valid certificate of insurance and the required endorsements included in the Permit prior to commencement of any work and contractor will provide proof of compliance, upon request, to the City. A copy of the Permit insurance provisions will be furnished to the Subcontractor upon request.

Subcontractor agrees to be bound to Contractor and City of Healdsburg in the same manner and to the same extent as Contractor is bound to the City of Healdsburg under this Permit. Subcontractor further agrees to include the same requirements and provisions of this Permit, including the Indemnity and Insurance requirements, with any Sub-subcontractor agreement to the extent they apply to the scope of the subcontractor’s work. A copy of the encroachment permit Indemnity and Insurance provisions will be furnished to the Subcontractor upon request.

CITY APPROVED STANDARD CERTIFICATE FORM

<b>CERTIFICATE OF INSURANCE</b>				ISSUE DATE (MM/DD/YYYY)		
<b>CITY OF HEALDSBURG (the "City")</b>						
<b>PRODUCER</b>			THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  COMPANY LETTER <b>COMPANIES</b> <b>BEST'S RATING</b>			
<b>INSURED</b>			A _____ B _____ C _____ D _____ E _____			
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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	ALL LIMITS IN THOUSANDS	
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY	\$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER _____				FIRE DAMAGE (ANY ONE FIRE)	\$
					MEDICAL EXPENSE (Any One Person)	\$
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT	\$
	<input 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					
	<input type="checkbox"/> GARAGE LIABILITY					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<input type="checkbox"/> WORKER'S COMPENSATION & EMPLOYER'S LIABILITY				STATUTORY	\$
					EACH ACCIDENT	\$
					DISEASE-POLICY LIMIT	\$
					DISEASE-EACH EMPLOYEE	\$
	<b>PROPERTY INSURANCE</b>				AMOUNT OF INSURANCE	\$
	<input type="checkbox"/> COURSE OF CONSTRUCTION					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS						
<b>THE FOLLOWING PROVISIONS APPLY:</b> 1. None of the above-described policies will be canceled until after 30 days' written notice has been given to the City at the address indicated below. 2. The City, its officials, officers, employees, volunteers and agents are added as insureds on all liability						
<b>CERTIFICATE HOLDER / ADDITIONAL INSURED</b>				<b>AUTHORIZED REPRESENTATIVE</b>		
CITY OF HEALDSBURG 401 GROVE STREET HEALDSBURG, CA 95448				SIGNATURE		
				TITLE		
				PHONE NO.		



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

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</b> 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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CITY APPROVED PREFERRED STANDARD ENDORSEMENT FORM

<b>AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT</b>		
<b>For the City of Healdsburg</b>	ENDORSEMENT NO.	ISSUE DATE (DD/MM/YYYY)
<b>PRODUCER</b>	<b>POLICY INFORMATION</b>	
	Insurance Company: _____	
	Policy No: _____	
	Policy Period: (from) _____ (to) _____	
	LOSS ADJUSTMENT EXPENSE <input type="checkbox"/> Included in Limits	
	<input type="checkbox"/> In Addition to Limits	
Telephone _____	<input type="checkbox"/> Deductible <input type="checkbox"/> Self-Insured Retention (check which) of \$ _____	
<b>NAMED INSURED</b>	APPLICABILITY. This insurance pertains to the operation and/or tenancy of the named insured under all written agreements and permits in force with the City unless checked here <input type="checkbox"/> in which case only the following specific agreements and permits with the City are covered:  City AGREEMENTS / PERMITS _____	
<b>TYPE OF INSURANCE</b>	<b>OTHER PROVISIONS</b>	
<input type="checkbox"/> COMMERCIAL AUTO POLICY		
<input type="checkbox"/> BUSINESS AUTO POLICY		
<input type="checkbox"/> OTHER _____		
<b>LIMIT OF LIABILITY</b>	<b>CLAIMS:</b> Underwriter's representative for claims pursuant to this insurance.	
\$ _____ per accident, for bodily injury and property damage.	Name: _____	
	Address: _____	
	Telephone: ( _____ ) _____	
<p>In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows:</p> <p>2. CONTRIBUTION NOT REQUIRED. As respects work performed by the Named Insured for or on behalf of the City the insurance afforded by this policy shall: (a) be primary insurance as respects the City, its officers, officials, employees, volunteers and agents; or (b) stand in an unbroken chain of coverage excess of the Named Insured's primary coverage. Any insurance or self-insurance maintained by the City its officers, officials, employees, volunteers and agents shall be excess of the Named Insured's insurance and not contribute with it.</p> <p>3. CANCELLATION NOTICE. With respect to the interests of the City this insurance shall not be cancelled, except after thirty (30) days prior written notice by receipted delivery has been given to the City</p> <p>4. SCOPE OF COVERAGE. This policy affords coverage at least as broad as:                  (1) If primary, Insurances Services Office form number CA0001 (Ed.1/87), Code 1 ("any auto"); or                  (2) If excess, affords coverage which is at least as broad as the primary insurance forms referenced in the preceding section (1).</p> <p>Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached.</p>		
<b>ENDORSEMENT HOLDER</b>	<b>AUTHORIZED REPRESENTATIVE</b>	
	<input type="checkbox"/> Broker / Agent <input type="checkbox"/> Underwriter <input type="checkbox"/> _____	
<b>THE CITY OF HEALDSBURG 401 GROVE STREET HEALDSBURG, CA 95448</b>	I _____ (print / type name), warrant that I have authority to bind the above-mentioned insurance company and by my signature hereon do so bind this company to this endorsement.	
	Signature _____	
	Telephone ( _____ ) _____	Date Signed _____

CITY APPROVED STANDARD ENDORSEMENT FORM

<b>INSURER</b> <b>POLICY NO.</b> <b>ENDORSEMENT NO:</b>	<b>ISO FORM CG 20 26 11 85 (MODIFIED)</b> <b>COMMERCIAL GENERAL LIABILITY</b>  EXHIBIT 1-C
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**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:**

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

WHO IS 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 or rented to you.

<b>Modifications to ISO for CG 20 26 11 85:</b>	
1)	"Operation" includes the named insured's products.
2)	The insured scheduled above includes the Insured's officers, officials, employees, volunteers and agents.
3)	This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
4)	The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Agency.

Signature - Authorized Representative \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY APPROVED PREFERRED ENDORSEMENT FORM



POLICY NUMBER:

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:

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".