

SDCI INSURANCE TRANSMITTAL COVERSHEET

INSTRUCTIONS FOR SIDE SEWER PERMIT APPLICANT

Email this form to your insurance agent / broker to comply with instructions below.

Note: If you are already on the City's approved contractor list and current, you do not need to submit any further insurance information. If you are not sure, call 206-386-4531. **Only agents/brokers may send certification to the City.**

INSTRUCTIONS AND CHECKLIST FOR INSURANCE AGENT/BROKER

1. Review **CHECKLIST OF CITY OF SEATTLE REQUIRED INSURANCE** below.
2. Call (206) 386-4531 or email Keith.Ayling@Seattle.Gov for any questions or issues.
3. Prepare certificate and attach Additional Insured endorsement/blanket wording to certificate.
4. Complete information at bottom of this page.
5. Attach certificate and additional insured endorsement/blanket policy wording to this Transmittal Coversheet and fax or email only (**DO NOT MAIL ORIGINAL HARD COPY**) to:

SEND TO: As an Attachment in an Email to: dori.leslie@Seattle.Gov or Fax to: (206) 386-4039

CHECKLIST OF CITY OF SEATTLE REQUIRED INSURANCE

ATTACH Certificate of insurance for minimum \$1,000,000 CGL limits and...

IMPORTANT - Under "Description of Operations" or by Email/Form Confirmation:

- 1 City of Seattle is an Additional Named Insured* per attached CG 20 12, CG 20 26, or See Below)
- 2 Primary and Non-contributory* limits apply ("sole negligence" wording is NOT acceptable).
- 3 **Underground, including Subsidence perils must NOT be excluded and this must be confirmed.**
- 4 All City Permitting (Optional for automatic BLANKET authority)

"Coverage is primary and non-contributory to the extent provided under CG 0001..." is acceptable.

MUST ATTACH Copy of an Additional Insured endorsement CG 2012 or CG 2026 or EQUIVALENT endorsement or blanket additional insured policy wording attached to the certificate. "EQUIVALENT" means an additional insured form that covers governmental permitting. No work is being performed for the City of Seattle. The city is issuing a "permit" to perform work for third parties. Not Acceptable: CG 88 10, CG 20 37, or CG 20 10.

NOTE: IF YOU STATE THAT THE CITY OF SEATTLE IS AN ADDITIONAL INSURED AS RESPECTS "ALL CITY PERMITTING," THIS GIVES THE CONTRACTOR AUTOMATIC BLANKET AUTHORITY. ISSUANCE OF ADDITIONAL CERTIFICATION WOULD NOT BE NECESSARY FOR OTHER SDIC CITY PERMITS.

Certificate Holder and Additional Insured:
FOR 30 DAY NOTICE OF CANCELLATION ONLY.
DO NOT MAIL CERTIFICATION TO THIS ADDRESS!

City of Seattle/Risk Management Division
P.O. Box 94669
Seattle, WA 98124-4669

INSURANCE AGENT/BROKER: Please complete the following in case we need to contact you.

Name of Individual Agent/Broker completing this form:

Email Address

Telephone

THIS FORM MUST BE COMPLETED AND ATTACHED FOR INSURANCE CERTIFICATION TO BE PROCESSED.

Note: Insurance coverage and limits of liability as specified herein are minimum coverage and limit of liability requirements only. They shall not be construed to limit the liability of permittee or any insurer for any claim that is required to be covered hereunder. Moreover, the City shall be an additional Insured, where additional insured status is required, for the full available limits of liability maintained by permittee, whether those limits are primary, excess, contingent or otherwise.