



CERTIFICATE OF INSURANCE

This is to Certify to: San Francisco Bay Area Rapid Transit District (BART) Insured:
Insurance Department
P.O. Box 12688
Oakland, CA 94604-2688

The following described policy(ies) has been issued to the Insured stated above. BART's Agreement No.:
Description and Location of Project:

A. COMMERCIAL GENERAL LIABILITY
Required: Yes No
Occurrence Form Claims Made
Retroactive Date (if applicable)
Each Occurrence Limit
General Aggregate Limit
Insurance Co:
Policy Number
AM Best Rating:
Policy Term: to
The Commercial General Liability Policy includes the following coverage/endorsements:
1. Personal injury, bodily injury, and property damage liability coverages;
2. Products and completed operations coverage as well as premises/operations;
3. Explosion, collapse and underground hazards coverage (construction contracts)
4. Cross Liability and Severability of Interests;
5. Broad form property damage;
6. Independent contractors coverage;
7. Blanket contractual liability coverage;
8. Inclusion of San Francisco Bay Area Rapid Transit District, and any other entity as required by Agreement and their respective directors, officers, trustees, representatives, agents and employees as additional insureds as respects work or operations performed in connection with this Agreement.
9. Stipulation that this insurance is primary and that no other insurance or self-insurance of the District will be called upon to contribute to a loss.
10. Waiver of subrogation in favor of the San Francisco Bay Area Rapid Transit District, and any other entity as required by contract, and their respective directors, officers, trustees, representatives, agents and employees.
11. For construction or excavation within 50 feet, vertically or horizontally, of the BART trackway, the General Liability coverage must affirmatively delete any exclusion denying coverage for any claim occurring with the 50 foot trackway envelope. If the exclusion remains in the General Liability coverage, a Railroad Protective Policy is required [See Section J. Railroad Protective Insurance for recording policy information in lieu of coverage under GL].

B. AUTOMOBILE LIABILITY
Required: Yes No
Each Occurrence Limit
Insurance Co:
Policy Number
AM Best Rating:
Policy Term: to
This Automobile Liability Policy includes the following coverage/endorsements:
1. Bodily injury and property damage liability coverages;
2. Coverage for all owned, non-owned and hired automobiles of the named insured;
3. Inclusion of San Francisco Bay Area Rapid Transit District, and any other entity as required by Agreement and their respective directors, officers, trustees, representatives, agents and employees as additional insureds.

C. EXCESS/UMBRELLA LIABILITY INSURANCE
Required: Yes No
Each Occurrence Limit
Annual Aggregate Limit
Insurance Co:
Policy Number:
AM Best Rating:
Policy Term: to

D. WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
Required: Yes No
Per Accident/Disease (Empl. Liability)
Statutory Limits (Worker's Compensation)
Insurance Co:
Policy Number
AM Best Rating:
Policy Term: to
1. The policy shall include broad form all states/other states coverage.
2. Coverage will be endorsed to include the insurer's waiver of subrogation in favor of the San Francisco Bay Area Rapid Transit District, and any other entity as required by contract, and their respective directors, officers, trustees, representatives, agents and employees.

E. HAZMAT TRANSPORT/AUTO LIABILITY POLLUTION
Required: Yes No
Occurrence Form Claims Made
Each Occurrence Limit
Insurance Co:
Policy Number
AM Best Rating:
Policy Term: to
This Automobile Liability Policy includes the following coverages/endorsements:
1. Bodily injury and property damage liability coverages;
2. Coverage for all owned, non-owned and hired automobiles of the named insured.
3. The accidental release of hazardous waste defined in California Health and Safety Code (H & S) Section 25117 and listed in Title 22 California Code of Regulations Section 66260.10 and consequential containment, cleanup, disposal and penalties associated therewith.
4. Pollution Liability which includes "covered pollution costs or expenses", which mean any cost or expense arising out of:
(a) Any request, demand or order;
(b) Any claim or suit by or behalf of a governmental authority demanding that the insured or others test for, monitor, clean-up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of pollutants.



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Description and Location of Project:

Grid containing sections F, G, H, I, J, and K for various insurance types: POLLUTION LEGAL LIABILITY INSURANCE, PROPERTY DAMAGE, BUILDERS RISK/INSTALLATION FLOATER, PROFESSIONAL LIABILITY/ERRORS & OMISSION INSURANCE, CYBER LIABILITY INSURANCE, and RAILROAD PROTECTIVE COVERAGE. Each section includes required information and policy details.

No policy will be cancelled, non-renewed, or materially changed without providing thirty (30) days prior written notice to the District at the above address. The Contractor shall annually submit to the District's Insurance Department, or its authorized agent, certifications confirming that the insurance required has been renewed and continues in place.



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Insurance Department  
P.O. Box 12688  
Oakland, CA 94604-2688

Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is hereby certified that the above policy(ies) provide liability insurance as required by the Agreement dated \_\_\_\_\_ between BART and the insured designated above.

This certificate is a matter of information. This certificate is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy(ies) listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all terms, exclusions and conditions of such policies.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Authorized Representative of Insurance Carriers

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_