

This is to Certify to:

CERTIFICATE OF INSURANCE

San Francisco Bay Area Rapid Transit District (BART) Insurance Department P.O. Box 12688

Insured:		

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: ___ C. EXCESS/UMBRELLA LIABILITY INSURANCE A. COMMERCIAL GENERAL LIABILITY Required: Yes _____ No ____ Claims Made _____ Retroactive Date (if applicable) \$ ____ Each Occurrence Limit
\$ ___ General Aggregate Limit Policy Number: Insurance Co: AM Best Rating: Policy Term: _____ to ____ Policy Number _____ AM Best Rating: D. WORKERS COMPENSATION AND Policy Term: _____ to ____ EMPLOYERS LIABILITY INSURANCE The Commercial General Liability Policy includes the following Required: Yes _____ No ____ \$ _____ Per Accident/Disease (Empl. Liability) coverage/endorsements: 1. Personal injury, bodily injury, and property damage liability _ Statutory Limits (Worker's Compensation) coverages; Insurance Co: Policy Number ______ AM Best Rating: ______ to _____ Products and completed operations coverage as well as premises/operations; Explosion, collapse and underground hazards coverage (construction contracts) 1. The policy shall include broad form all states/other states Cross Liability and Severability of Interests; Broad form property damage; Coverage will be endorsed to include the insurer's waiver 6. Independent contractors coverage; of subrogation in favor of the San Francisco Bay Area Blanket contractual liability coverage; 7. Rapid Transit District, and any other entity as required by Inclusion of San Francisco Bay Area Rapid Transit District, contract, and their respective directors, officers, trustees, and any other entity as required by Agreement and their representatives, agents and employees. respective directors, officers, trustees, representatives, agents and employees as additional insureds as respects work or operations performed in connection with this Agreement. HAZMAT TRANSPORT/AUTO LIABILITY POLLUTION Е. Required: Yes ___ No __ Claims Made
\$ ___ Each Occurrence Limit 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 Insurance Co: ___ Rapid Transit District, and any other entity as required by Policy Number ____ contract, and their respective directors, officers, trustees, AM Best Rating: ______to ____ representatives, agents and employees. 11. For construction or excavation within 50 feet, vertically or This Automobile Liability Policy includes the following horizontally, of the BART trackway, the General Liability coverages/endorsements: coverage must affirmatively delete any exclusion denying 1. Bodily injury and property damage liability coverages; coverage for any claim occurring with the 50 foot trackway 2. Coverage for all owned, non-owned and hired automobiles envelope. If the exclusion remains in the General Liability of the named insured. coverage, a Railroad Protective Policy is required [See The accidental release of hazardous waste defined in Section J. Railroad Protective Insurance for recording California Heath and Safety Code (H & S) Section 25117 policy information in lieu of coverage under GL]. and listed in Title 22 California Code of Regulations Section 66260.10 and consequential containment, B. AUTOMOBILE LIABILITY cleanup, disposal and penalties associated therewith. Required: Yes _____No ____ \$ ____ Each Occurrence Limit Pollution Liability which includes "covered pollution costs or expenses", which mean any cost or expense arising out Insurance Co: Policy Number _____ (a) Any request, demand or order; AM Best Rating: _______ to _____ (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, This Automobile Liability Policy includes the following detoxify or neutralize, or in any way respond to, or coverage/endorsements: assess the effects of pollutants. 1. Bodily injury and property damage liability coverages; Coverage for all owned, non-owned and hired automobiles of the named insured; Inclusion of San Francisco Bay Area Rapid Transit District, and any other entity as required by Agreement and their

and employees as additional insureds.

respective directors, officers, trustees, representatives, agents



This is to Certify to:

CERTIFICATE OF INSURANCE

San Francisco Bay Area Rapid Transit District (BART) Insurance Department P.O. Box 12688 Oakland, CA 94604-2688

Insured:		
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CS	eription and Location of Project:		
F.	POLLUTION LEGAL LIABILITY INSURANCE Required: Yes No Occurrence Form Claims Made Retroactive Date (if applicable) \$ Each Occurrence Limit Retro Exclusion Date: Extended Reporting: Insurance Co: Policy Number: AM Best Rating: Policy Term: to 1. Bodily injury (including death) and property damage, including natural resource damage and third party diminution in value claims 2. Policy shall cover accidental release of hazardous materials as defined in California Health and Safety Code (H&S) Section 25117 and listed in the Title 22 California Code of Regulations Section 66260.10 and consequential containment, clean-up, disposal and penalties associated therewith.	I.	PROFESSIONAL LIABILITY/ERRORS & OMMISSION INSURANCE Required: Yes No Claims Made Occurrence Form Claims Made Retroactive Date (if applicable) \$ Each Occurrence Limit \$ Annual Aggregate Limit Retro Exclusion Date: Extended Reporting: Insurance Co: Policy Number: AM Best Rating: Policy Term: to
G.	PROPERTY DAMAGE Required: Yes No \$ Each Occurrence Limit \$ Annual Aggregate Limit Insurance Co: Policy Number: AM Best Rating: Policy Term: to Property Damage Insurance to cover all forms of physical loss or damage to District property while in transit from or to District facilities, or otherwise in the care, custody and control of Contractor. The form of coverage shall be replacement cost.	J.	CYBER LIABILITY INSURANCE Required: YesNo Claims Made Retroactive Date (if applicable) \$ Each Occurrence Limit \$ Annual Aggregate Limit Retro Exclusion Date: Extended Reporting: Insurance Co: Policy Number: AM Best Rating: Policy Term: to
н.	BUILDERS RISK/INSTALLATION FLOATER Required: Yes No \$ Each Occurrence Limit \$ Annual Aggregate Limit Insurance Co: Policy Number: to Builders' Risk Insurance provided on an "All-Risk" basis excluding Earthquake for the full replacement cost of materials, supplies, all property to be incorporated into the finished work, and completed work in an amount not less than the full completed value of the covered structure or the replacement value of alterations or additions. BART shall be named as a loss payee and losses will be payable to both Contractor and BART, as their interests may appear.	К.	RAILROAD PROTECTIVE COVERAGE Required: Yes No \$ Each Occurrence Limit \$ Annual Aggregate Limit Insurance Co: Policy Number: AM Best Rating: Policy Term: to For bodily injury (including death), property damage and physical damage to railroad property applicable to all operations of Grantee and its contractors or subcontractors within 50 feet vertically or horizontally of BART's trackway, The named insured shall be the San Francisco Bay Area Rapid Transit District. Prior to commencing work or entering onto BART property, Grantee shall file the original copy of the policy with the BART Insurance Dept. Policy is to be kept in effect until the entire project is completed.

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.



This is to Certify to:

CERTIFICATE OF INSURANCE

San Francisco Bay Area Rapid Transit District (BART) Insurance Department P.O. Box 12688

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.

Oakland, CA 94604-2688

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:	Signed: Authorized Representative of Insurance Carriers			
	Firm:				
	Address:				
	Phone:	Fax:			
	E-Mail:				