



Iowa Department of Transportation

SPECIAL PROVISIONS FOR INSURANCE REQUIREMENTS

**Linn County
NHSX-U-922-0(23)--8S-57
STP-A-922-0(24)--86-57**

**Effective Date
December 15, 2009**

THE IOWA DEPARTMENT OF TRANSPORTATION STANDARD SPECIFICATIONS, SERIES 2009, ARE AMENDED BY THE FOLLOWING MODIFICATIONS AND ADDITIONS. THESE ARE SPECIAL PROVISIONS AND THEY SHALL PREVAIL OVER THOSE PUBLISHED IN THE STANDARD SPECIFICATIONS.

The insurance limits listed following the third paragraph of Article 1107.02, A, of the Standard Specifications, are modified as noted below:

1. WORKERS COMPENSATION:

a.	State:	\$	Statutory
b.	Applicable Federal	\$	Statutory
c.	Employer's Liability		
i.	Bodily Injury by Accident: (Each Accident)	\$	500,000
ii.	Bodily Injury by Disease: (Each Employee)	\$	500,000
iii.	Policy Limit	\$	500,000

2. CONTRACTOR'S GENERAL LIABILITY

a.	General Aggregate	\$	2,000,000
b.	Products – Completed Operations Aggregate	\$	2,000,000
c.	Personal and Advertising Injury (Per Person/ Organization)	\$	1,000,000
d.	Each Occurrence (Bodily Injury and Property Damage)	\$	1,000,000
e.	Fire Legal Liability Damage Limit (Any One Fire)	\$	50,000
f.	Medical Expense Limit (Any One Person)	\$	5,000

- g. Property Damage liability insurance will provide Explosion, Collapse, and Underground coverages.
- h. Railroad protective insurance
 - i. Each Occurrence \$ 0
 - ii. Aggregate \$ 0
- i. Umbrella Liability See Section 6g.
- j. Excess Umbrella Liability See Section 7.

3. AUTOMOBILE LIABILITY

- a. Bodily Injury:
 - i. Each Person \$ 1,000,000
 - ii. Each Accident \$ 1,000,000
- b. Property Damage:
 - i. Each Accident \$ 1,000,000
- c. Combined Single Limit of \$ 1,000,000
- d. Policy shall include contractual liability coverage and coverage on all owned, non-owned and hired vehicles.

4. CONTRACTUAL LIABILITY

- a. Bodily Injury:
 - i. Each Accident \$ 1,000,000
 - ii. Annual Aggregate \$ 2,000,000
- b. Property Damage:
 - i. Each Accident \$ 1,000,000
 - ii. Annual Aggregate \$ 2,000,000

5. ADDITIONAL INSURANCES

- a. Umbrella - See Section 6g.
- b. Rider covering traffic control operations.
Any providers of signs, barricades, lights, or other traffic control devices must show evidence of insurance.

6. ADDITIONAL INSURED

- a. Insurance certificates shall specifically indicate, by name, the additional insureds which shall include City of Cedar Rapids.
- b. Additional Insured Endorsement – Contractor shall purchase and maintain liability insurance, as described above, specifically naming as additional insured City of Cedar Rapids, on ISO Form CG 20 26 11 85, Form CB-7099 (10/98), or equivalent form.
- c. Contractor shall, prior to the start of work, confirm and verify that they have received a certificate of insurance from each subcontractor specifically:
 - i. naming City of Cedar Rapids as an additional insured, under each subcontractors' policy of insurance and;
 - ii. that each subcontractors' policy of insurance naming City of Cedar Rapids as additional insured specifically includes the additional Insured Endorsement language as required by paragraph b.

- d. Contractor shall, prior to the start of work submit to City of Cedar Rapids:
 - i. a certificate of insurance for Contractor in compliance with the above paragraph b and in Appendix A.
 - ii. a certificate of insurance for each subcontractor in compliance with paragraph c. i. and c. ii.
- e. Failure of Contractor or subcontractor to comply with the above requirements, with respect to the Additional Insured Endorsement and/or Certificate of Insurance, shall not be construed as waiver of those provisions by City of Cedar Rapids.
- f. As an alternative to complying with items b through e above, Contractor may furnish to City of Cedar Rapids an 'Owners and Contractors' Protective (OCP) policy. OCP policy shall provide for bodily injury and property damage coverage equal to the sum of: the general aggregate limit for commercial general liability plus the amount specified for the umbrella coverage.
- g. The stated limits above can be obtained through individual policies or if Contractor desires to reduce underlying limits to minimums required by its insurance carrier, an umbrella policy shall accordingly be provided to maintain overall total level of coverage. Any umbrella insurance shall be written on an occurrence basis and pay on behalf form and shall include the same endorsements and additional insureds as required of the primary policies.

7. UMBRELLA:

- a. An excess umbrella policy (pay on behalf form) with Limits of \$2,000,000 for Employer's Liability, Contractor's General Liability, (bodily injury, personal injury, and property damage), Automobile Liability and Contractual Liability on a combined basis shall be provided. Any Excess insurance shall be written on an occurrence basis and pay on behalf form and shall include the same endorsements and additional insured as required of the primary policies.
- b. Policy shall include City of Cedar Rapids, Engineer, and any others required as additional insured.
- c. The types of insurance and the limits of liability indicated are the minimum required. Neither the City of Cedar Rapids nor the Engineer warrants the adequacy of the types of insurance, or the limits of liability required. Policy exclusions shall be indicated on the insurance certificate. All insurance shall be provided on an occurrence form basis. Insurance certificate(s) shall clearly disclose, on its face, that coverage is on an occurrence basis and that it cannot be cancelled or materially altered without giving the City of Cedar Rapids written notice 30 calendar days prior to cancellation, or alteration.

8. INSTRUCTIONS FOR PREPARING INSURANCE CERTIFICATES

- a. The Contractor shall furnish the City of Cedar Rapids with Certificates of Insurance and a copy of the policies. Before commencing work, the Contractor shall deliver all Certificates of Insurance to the City of Cedar Rapids certifying that the policies stipulated above are in full force and effect.
- b. Insurance documents shall be prepared according to the following instructions. Also refer to attached sample forms on the following pages for further explanation, and which show where the below instructions lettered "A" to "I" apply.

- A. An original policy or Certificate of Insurance with an original penned signature of the agent writing the policy or certificate must be submitted (stamped signatures are not accepted).
- B. The name of the agent signing the certificate shall be typed under their signature.
- C. The business address and phone number of the agent shall be clearly indicated on the face of the certificate (type under the agent's signature and typed name).
- D. All addresses on the certificate shall list a street address (no P.O. Box address).
- E. "The City of Cedar Rapids, its officers and employees shall be named as additional insureds" without restrictions on the successful bidder's, subcontractor's and independent contractor's liability insurance policies and certificates of insurance.
- F. A copy of a power of attorney or some other document showing the agent's authority to sign for the insurance company shall be attached to the certificate (a copy of the agent's insurance license will be accepted).
- G. The liability limits shall be according to the contract documents. General liability coverage shall be on a claims occurred basis.
- H. The project name and project number being covered shall appear on the face of the certificate.
- I. If the policy shall be endorsed with respect to including the certificate holder as an additional insured, evidence shall be attached to the certificate to indicate that the policy is endorsed. Additional insured coverage shall be by endorsement using ISO Form CG 20 26 11 85 or equivalent.

ACORD CERTIFICATE OF LIABILITY INSURANCE				(A)	DATE (MM/DD/YYYY)
PRODUCER <div style="display: flex; justify-content: space-around;"> (C) (D) </div>		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.			
INSURED <div style="display: flex; justify-content: space-around;"> (D) </div>		INSURERS AFFORDING COVERAGE		NAIC #	
INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:		_____ _____ _____ _____ _____		_____ _____ _____ _____ _____	
COVERAGES					
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSR ADD'L TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)
<div style="display: flex; justify-content: space-around;"> (G) </div>	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			
					LIMITS EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
<div style="display: flex; justify-content: space-around;"> (G) </div>	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			
					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			
					AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$			
					EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$ \$ \$
	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below			
					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
OTHER					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					
<div style="display: flex;"> <div style="flex: 1;"> <div style="display: flex; justify-content: space-around;"> (E) </div> <p>The City of Cedar Rapids, Iowa, its officers and employees shall be named as additional insureds.</p> <div style="display: flex; justify-content: space-around;"> (H) </div> <p>Project covered -- "Project Name" and Contract No. _____</p> </div> </div>					
CERTIFICATE HOLDER			CANCELLATION		
City of Cedar Rapids Engineering Department 1201 6th Street SW Cedar Rapids, IA 52404			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
			AUTHORIZED REPRESENTATIVE		
			<div style="display: flex; justify-content: space-around;"> (B) </div>		

SAMPLE FORM



DEPARTMENT OF COMMERCE
IOWA INSURANCE DIVISION
330 MAPLE ST.
DES MOINES, IOWA 50319

IOWA INSURANCE PRODUCER'S LICENSE

THE NAMED PRODUCER IS AUTHORIZED TO REPRESENT EACH COMPANY WHICH HAS AN APPOINTMENT REGISTERED WITH THIS DIVISION FOR THE LINES OF INSURANCE INDICATED BELOW

LICENSE NUMBER	DATE OF BIRTH	QUALIFICATIONS
XXXXXXXX	XXXXXXXX	XXXXXXXX

XXXXXXXX
XXXXXXXX
XXXXXXXX

ISSUED XXXX
EXPIRES XXXX


COMMISSIONER OF INSURANCE

KEEP THIS LICENSE IN YOUR POSSESSION AT ALL TIMES. OBTAIN A DUPLICATE BY SENDING \$10 WITH YOUR NAME, ADDRESS AND LICENSE NUMBER TO THIS DEPARTMENT.

QUALIFICATION CHART

1-FIRE 2-CASUALTY 3-AUTO 4-CROP 5-SURETY 6-A and H 7-LIFE 8-COUNTY MUTUAL 9-VARIABLE/LIFE VARIABLE ANNUITY 11-ALL BUT LIFE/VC	12-LIFE, A and H 14-PERSONAL LINES 15-ALL LINES BUT VC 16-PERS LINES NO CROP 17-COMMERCIAL LINES 18-CREDIT 19-LEGAL EXPENSE 20-SURPLUS LINES 21-PROPERTY 22-CASUALTY 23-RECIPROCAL 30-NONRESIDENT PROPERTY 31-NONRESIDENT CASUALTY
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SAMPLE FORM



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:

City of Cedar Rapids
1201 6th Street, S. W.
Cedar Rapids, Iowa 52404

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

WHO IS AN 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 by or rented to you.