

SNOHOMISH COUNTY PLANNING & DEVELOPMENT SERVICES

SUBMITTING INSURANCE TO SNOHOMISH COUNTY



INSURANCE SHALL BE SUBMITTED TO THE
SNOHOMISH COUNTY DEPARTMENT OF FINANCE

(PLEASE DO NOT SUBMIT INSURANCE TO PLANNING AND DEVELOPMENT SERVICES OR THE RIGHT OF WAY DIVISION)

The following information is provided to assist you in providing appropriate liability insurance documentation to Snohomish County. Many projects, especially those requiring construction improvements to the public right of way, require the following per S.C.C. 13.10.100/30.63A.440:

1. Primary Commercial general liability insurance with a minimum of \$1,000,000 per occurrence.
2. Primary Commercial automobile insurance with a minimum of \$1,000,000 combined single limit per accident.
3. "*Snohomish County its officers, elected officials, agents, and employees*" will be named as an additional insured.
4. The additional insured endorsement will include completed operations coverage.
5. This insurance will not be reduced or canceled without thirty(30) days written notice to the County.
6. Contractors shall ensure that each subcontractor obtain the same insurance coverage and limits naming Snohomish County as an additional insured.

The County will accept the following documents:

1. A Certificate of Insurance naming "*Snohomish County, its officers, elected officials, agents, and employees*" as an additional insured. Along with a copy of the additional insured endorsement showing completed operations coverage. The Certificate must also show 30 days notice of cancellation.
2. A copy of the insurance policy declarations page or a copy of a binder of insurance reciting the required coverages. Along with a copy of the additional insured endorsement showing completed operations coverage and naming "*Snohomish County, its officers, elected officials, agents, and employees*" as an additional insured. If a binder is submitted it is usually valid for only a short period of time. It allows your insurance agent time to receive the full copy of the policy and required endorsements from your insurance company and submit it to the County.

The County may request that you provide a copy of your entire policy if questions arise about particular coverages.

For tracking purposes and to eliminate any project approval delays, it is important you provide a Snohomish County project/permit tracking number on any documents you present.

Your insurance documentation will be reviewed by the Snohomish County Finance Department. Do not submit your insurance documentation to Planning and Development Services or the Right of Way Division.

Documentation may be presented in several ways:

1. **By Mail:** Risk Management Specialist
 Snohomish County Finance Department
 3000 Rockefeller Ave M/S 610
 Everett, WA 98201

2. **Fax to:** Risk Management Specialist
 Snohomish County Finance Department
 Fax No. (425) 388-3499

3. **Drop off:** Risk Management Specialist
 Snohomish County Finance Department
 4th Floor, County Administration Bldg. West
 3000 Rockefeller Avenue
 Everett, Washington
 Open Monday - Friday, 7:30 a.m. - 5:00 p.m.

Any questions you or your insurance company may have regarding liability insurance should be directed to (425) 388-3760. Please also see http://www1.co.snohomish.wa.us/Departments/Finance/Divisions/Risk_Management/Insurance_Mgmt/InsuranceforConstructionPermits.htm

The review of your insurance documentation is usually done within a few days. Our department will receive notification.

Any questions regarding project plan approval, bonding and permit issuance should be directed to the Right of Way Division in Planning and Development Services at (425) 388-3385.

Reference S.C.C. 13.10.100/30.63A.440

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SNOHOMISH COUNTY PLANNING & DEVELOPMENT SERVICES

SNOHOMISH COUNTY CODE CHAPTER 30.63A INSURANCE REQUIREMENTS

For Projects vested prior to September 30, 2010:

30.63A.440 Insurance requirements.

(1) When required. When drainage facilities are constructed within county rights-of-way, the department shall require an applicant subject to this title to obtain occurrence form commercial general liability insurance against personal injury and property damage or loss resulting from activities undertaken pursuant to a permit or approval, or conditions caused by such activities under this chapter.

(2) Coverage amount and terms. The policy shall be in an amount determined by the director of the department of budget and finance to be commensurate with the risk to the public involved, and shall be at a minimum amount of \$1,000,000.00 per each occurrence. The policy shall be maintained continuously for the duration of the work undertaken pursuant to the permit or approval, and for an additional three years after the county has given final approval or has accepted construction. The policy shall contain appropriate endorsements and amendments as are required by the director of the department of budget and finance, and shall name "Snohomish county, its officers, elected and appointed officials, employees and agents" as an additional insured.

(3) Notice of cancellation or modification of coverage. The policy shall provide that the director shall be notified by certified mail of any modification or cancellation of the policy at least 30 days prior to any such modification or cancellation. If the insurance is canceled and not replaced, or modified, the director may revoke the permit or approval.

(4) Proof of insurance. The applicant shall provide evidence of the existence and continuation of the insurance for the required period to the director of the department of budget and finance in accordance with the requirements of the director of budget and finance, which shall include one or more of the following:

- (a) An original binder of insurance signed by an authorized broker of the insurance carrier reciting the above coverage, accompanied by a letter of clarification if requested;
- (b) A copy of the "declarations" pages of the policy, reciting the above coverage; or
- (c) A copy of the complete policy.

(5) Approval by the director of the department of budget and finance. The insurance carrier must be authorized to transact business within the State of Washington. The insurance carrier and policy shall be subject to the approval of the director of the department of budget and finance.

(Added Amended Ord. 02-064, December 9, 2002, Eff date February 1, 2003)

Projects vested on or after September 30, 2010:

30.63A.940 Drainage insurance requirements.

(1) When drainage facilities are constructed within any portion of county road right-of-way, the department shall require the applicant for such construction to obtain commercial general liability insurance coverage against personal injury, property damage, or loss resulting from activities related to the construction.

(2) The insurance required by this section shall be in an amount determined by the director of the department of budget and finance to be commensurate with the risk to the public involved, and shall be at a minimum amount of \$1,000,000 per occurrence. The policy shall be maintained continuously for the duration of the work undertaken pursuant to the permit or approval, and for an additional three years after the county has given final approval of the construction shown on the stormwater site plan or has accepted the stormwater facilities after construction is completed and approved. The policy shall contain appropriate endorsements and amendments as required by the director of the department of budget and finance, and shall name "Snohomish County, its officers, elected and appointed officials, employees and agents" as an additional insured.

(3) The policy shall provide that the director shall be notified by certified mail of any modification or cancellation of the policy at least thirty days prior to any such modification or cancellation. If the insurance required by this section is canceled and not replaced, or is modified in a manner unacceptable to the director of the department of budget and finance, the director may revoke the permit or approval.

(4) The applicant shall provide evidence of the existence and continuation of the insurance required by this section to the director of the department of budget and finance in accordance with the requirements of the department of budget and finance, which shall include one or more of the following:

- (a) An original binder of insurance signed by an authorized broker of the insurance carrier reciting the coverage required in this section, accompanied by a letter of clarification if requested;
- (b) A copy of the "declarations" pages of the policy, reciting the coverage; or
- (c) A copy of the complete policy.

(5) The insurance carrier must be authorized to transact business within the State of Washington. The insurance carrier and policy shall be subject to the approval of the director of the department of budget and finance.

Adopted in Amended Ordinance No. 10-026 effective September 30, 2010

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER Ba5 Insurance Agency 125555 Rockefeller Everett, WA 98204	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 Permit Applicant or Contractor	INSURERS AFFORDING COVERAGE INSURER A: VII Insurance Company INSURER B: VII Insurance Company INSURER C: INSURER D: INSURER E:	NAIC #

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	1234567890	01/01/08	01/01/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	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	0987654321	01/01/08	01/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Snohomish County, its officers, elected officials, agents and employees are an additional insured.

CERTIFICATE HOLDER Snohomish County Risk Management 3000 Rockefeller M/S 610 Everett, WA 98201	CANCELLATION 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
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