



**DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT -
Engineering Division
129 North Second Street Yakima, WA 98901
Phone: (509) 575-6111 – Fax: (509) 576-6314

Michael Morales, Director**

CONTRACTOR'S INDEMNITY AGREEMENT

_____, Contractor, hereby agrees to hold harmless, indemnify, and defend the City of Yakima, a Municipal Corporation; and each of their officers, officials, employees, or agents, from any and all liability claims, losses, or damages arising, or alleged to have arisen, from the performance of work during the construction of public works improvements described as:

by reason of any negligent act or omission of the Contractor, any Subcontractor, or Supplier, or by any agent, employee, or representative of any of them.

In witness whereof, the undersigned has caused the indemnity agreement to be executed and its seal affixed by the duly authorized officer's this _____ day of _____, 20_____

Name of Corporation/Business

By: _____

Title: _____

Attest: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER AGENT ADDRESS	<p>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.</p>
	<p align="center">INSURERS AFFORDING COVERAGE</p>
INSURED CONTRACTOR ADDRESS	INSURER A: A - VII or BETTER ADMITTED CARRIER
	INSURER B: A - VII or BETTER ADMITTED CARRIER
	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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	POLICY #	DATE	DATE	EACH OCCURRENCE \$ 2,000,000
	FIRE DAMAGE (Any one fire) \$ 1,000,000				
	MED EXP (Any one person) \$ 1,000,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	GENERAL AGGREGATE \$ 50,000				
	PRODUCTS - COM/PO/AGG \$ 5,000				
<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	POLICY #	DATE	DATE	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	POLICY #	DATE	DATE	AUTO ONLY - EA ACCIDENT \$
	OTHER THAN AUTO ONLY: EA ACC \$				
					AGG \$
<input type="checkbox"/>	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	POLICY #	DATE	DATE	EACH OCCURRENCE \$
	AGGREGATE \$				
	\$				
	\$				
	\$				
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	POLICY #	DATE	DATE	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ 1,000,000				
	E.L. DISEASE - EA EMPLOYEE \$				
					E.L. DISEASE - POLICY LIMIT \$ 1,000,000
<input type="checkbox"/>	OTHER	POLICY #	DATE	DATE	

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

CITY OF YAKIMA, THEIR AGENTS, EMPLOYEES, AND ELECTED OR APPOINTED OFFICIALS AS ADDITIONAL INSURED FOR PROJECT # _____.

CERTIFICATE HOLDER CITY OF YAKIMA 129 N. 2ND STREET YAKIMA, WA 98901	ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 20 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. <i>AS</i> AUTHORIZED REPRESENTATIVE <i>Agent Signature</i>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**COMMERCIAL LIABILITY
CGL – ENDORSEMENTS**

**1ST REPRINT
JUNE 1991**

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

**CITY OF YAKIMA TOWN AGENTS, EMPLOYEES AND ELECTED OR
APPOINTED OFFICIALS**

(If no entry appears above, information required to complete this endorsement will be shown in the Declaration Schedule 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, but only with respect to liability arising out of "your work" for that insured by or for you.

AGENT SIGNATURE

DATE

