



## **Certificate of Insurance (COI) Handout**

### **INSURANCE REQUIREMENTS**

All HRSD Indirect Wastewater Discharge Permits require Permittees to maintain insurance coverage. A copy of an active certificate of insurance (COI) must be received prior to being issued an HRSD Indirect Wastewater Discharge Permit.

The certificate of insurance shall contain, at a minimum, the following information:

- **General Liability Limits**: \$1,000,000 per occurrence and \$2,000,000 annual aggregate, naming HRSD as an additional insured.
- **Auto Liability Limit**: \$1,000,000 per accident.
- **Worker's Compensation**: Statutory limits.

### **CERTIFICATE OF INSURANCE (COI)**

The following is a list of specific fields HRSD will review before issuing a Permit. To minimize delay in Permit issuance please verify the COI from your insurance provider satisfies all requirements. An example COI is included on page three (3) as a reference. The numbered statements below are called out on the example.

1. Date Certificate Issued: Must be for the current calendar year.
2. Producer: Name and address of insurance company responsible for managing the policy and issuing the COI for the insured business. Contact information appears to the right.
3. Insured: Name and address of the insured business/waste hauler.
4. Insurer(s) Affording Coverage: Insurance companies that supply the insurance for the business/ waste hauler. The insurer(s) affording coverage does not have to be the same as the producer.
5. **General Liability Limits**: HRSD requires the hauler to carry general liability insurance with the following terms; if these terms are not met, the hauler will not have access to HRSD property:
  - a. Each Occurrence – minimum of one million dollars (\$1,000,000).
  - b. General Aggregate – minimum of two million dollars (\$2,000,000).
  - c. Additionally Insured – HRSD must be listed as additionally insured.
    - i. If the "ADD INSR" box is marked with a "Y" or an "X" then it is accepted that the certificate holder is additionally insured. If the "ADDL INSR" box is not marked, it is acceptable to list HRSD in the comment box as additionally insured; it is recommended to have both.
    - ii. Statements that imply the insured is under contract with HRSD are not acceptable nor are statements indicating HRSD has a written agreement with the insured.
6. **Automobile Liability**: HRSD requires the hauler to carry automobile liability insurance with the following terms; if these terms are not met, the hauler will not have access to HRSD property:
  - a. Combined Single Limit – minimum of one million dollars (\$1,000,000) per accident.
    - i. Some insurance policies break up the amount of coverage across the different sections listed. The sections may not be added together to reach the \$1,000,000 minimum.
  - b. A mark ("X" or "Y") must be placed in one of the auto policy boxes. The box marked defines which vehicles are covered.

7. **Workers Compensation:** Virginia law requires that an employer who regularly employs more than two part-time or full-time employees carry workers' compensation. Information on Workers Compensation requirements may be found on the Virginia Workers' Compensation Commission website.
8. Certificate Holder: HRSD must be listed as the certificate holder. This section must include HRSD's Virginia Beach address, street address or P.O. Box:

HRSD  
1434 Air Rail Avenue  
Virginia Beach, VA 23455

HRSD  
P.O. Box 5902  
Virginia Beach, VA 23471

9. Policy Effective Date(s) & Policy Expiration Date(s): Policies must be effective (i.e. active) on the date the COI is submitted to HRSD.
  - a. Each policy may have a different effective/expiration date.

**EXAMPLE CERTIFICATE OF INSURANCE**



**CERTIFICATE OF LIABILITY INSURANCE**

R

DATE (MM/DD/YYYY)  
6/30/2014

1. Date Certificate Issued:  
Must be for the current  
calendar year.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

2. PRODUCER Towne Insurance Agency, LLC T/JG 301 Bendix Road Suite 300 Virginia Beach, VA 23452	CONTACT NAME:	
	PHONE (A/C, No, Ext): (757) 468-6100	FAX (A/C, No): (757) 468-9917
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Indemnity Company of Ct.	
3. INSURED  REDACTED	INSURER B: Charter Oak Fire Insurance Company	
	INSURER C: Travelers Indemnity Co of America	
	INSURER D: Commonwealth Contractors Group Self Insurance Assoc.	
	INSURER E:	
	INSURER F:	

4. The insurer(s) affording coverage does not have to be the same as the producer.

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

5. HRSD requires the hauler to carry general liability insurance.

6. HRSD requires the hauler to carry automobile Liability insurance.

7. Workers Comp. As required by law.

8. HRSD must be listed as the Certificate Holder.

INSR LTR	TYPE OF INSURANCE	ADD INSR	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<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	X	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000  COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
B	<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		07/01/2014	07/01/2015	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		07/01/2014	07/01/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A		07/01/2014	07/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

5c. HRSD must be listed as additionally insured.

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Policies must be active on the date the COI is submitted to HRSD.

5a. Minimum of one \$1,000,000 per occurrence.

5b. Minimum of \$2,000,000 aggregate.

6a. Minimum of \$1,000,000 per accident.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: All Operations  
HRSD are included as additional insured

5ci. If the "ADDL INSR" box is not marked, it is acceptable to list HRSD in the comment box as additionally insured; it is recommended to have both.

5cii. Statements that imply the insured is under contract with HRSD are not acceptable nor are statements indicating HRSD has a written agreement with the insured.

CERTIFICATE HOLDER	CANCELLATION
HRSD 1434 Air Rail Avenue Virginia Beach, VA 23455	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 