



Insurance Certificate Instructions

These instructions are provided to assist Subcontractors in complying with the insurance requirements of their LBNL Subcontract. For questions, contact the assigned LBNL Procurement Representative.

1. The selected subcontractor will be required to submit insurance certificates, endorsements, and other documentation confirming the required insurance coverage prior to commencing performance at a worksite other than the Subcontractor's or lower-tier subcontractor's facilities. To streamline this process, LBNL has arranged for EXIGIS Risk Management Services to collect and verify proof of insurance information via Riskworks, the EXIGIS online insurance compliance monitoring system.
2. Upon award of the subcontract, you will receive an email providing you with a unique internet address for your insurance representative to use to log into Riskworks and enter your insurance coverage information. The insurance representative entering the information must be an authorized insurance company representative.

You may also be requested to email a copy of the insurance certificates, endorsements, directly to the LBNL Procurement Representative in addition to complying with the Riskworks process.

3. The dollar limits for each type of insurance must be equal to or higher than the minimum dollar limits specified in the Subcontract, and the policy coverage dates must be current for all the types of insurance. The minimum dollar limits may be met through Excess/Umbrella Liability Insurance. The Subcontractor shall be responsible for all deductibles and self-insured retentions (SIR) applicable to the insurance policies.
4. Normally, the liability insurance should be written on a "per occurrence" basis. If written on a "claims made" basis, it shall continue for three years following completion or termination of the Subcontract and provide for a retroactive date of placement prior to or coinciding with the effective date of the Subcontract.
5. The General Liability Insurance must provide coverage for "The Regents of the University of California and the U.S. Government" as an "**additional insured**" and include a "**waiver of subrogation**" provision in their favor.
6. The Subcontractor or its insurers must provide written notification at least **30 days in advance** of any modification, change, or cancellation of any of the insurance coverage. Any statement on the insurance certificate regarding such notification shall not affect the Subcontractor's obligation in this regard.
7. If any of the required insurance will expire prior to completion or expiration of the Subcontract, the Subcontractor is responsible for submitting a replacement insurance certificate before the policy expiration date.
8. The insurance certificates may apply to future LBNL Subcontracts, and it is preferred that it not be made applicable, or reference, a specific Subcontract.

SAMPLE

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) [Date]
PRODUCER [Insurance Representative's Name and Address]	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 [Subcontractor's Name and Address]	INSURERS AFFORDING COVERAGE	
	INSURER A:	[For General Liability Insurance]
	INSURER B:	[For Automobile Liability Insurance]
	INSURER C:	[For Excess/Umbrella Liability Insurance]
	INSURER D:	[For Workers Comp/Employers' Liability]
	INSURER E:	[For Other Liability Insurance]

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	ADD'L INSR D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	XXXXXX	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS-COMP/OP AGG	\$ 1,000,000
		GENL AGGREGATE LIMIT APPLIES PER:					
<input type="checkbox"/> POLICY	<input checked="" type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	XXXXXX	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
		ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
C		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	(See Instr. 4)
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	(See Instr. 4)
		DEDUCTIBLE					\$
		RETENTION \$					\$
D		WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	XXXXXX	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
		E.L. EACH ACCIDENT				\$ 1,000,000	
		E.L. DISEASE-EA EM.PLOYEE				\$ 1,000,000	
						E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 The terms of the general liability insurance policy, or the attached endorsements, provide coverage for each of the certificates holders as an "additional insured" and include a "waiver of subrogation" provision in favor of the certificates holders.

CERTIFICATE HOLDER

The Regents of the University of California and the U.S. Government
 Lawrence Berkeley National Laboratory
 Attn.: [LBNL Procurement Representative's Name]
 One Cyclotron Road
 Berkeley, CA 94720

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 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 ON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE