

**NOTICE
CITY OF TORRANCE
COMMUNITY DEVELOPMENT DEPARTMENT/
ENGINEERING DIVISION
NEW INSURANCE REGULATIONS**

The City of Torrance Community Development Department/Engineering Services Division will be requiring proof of liability insurance from each contractor applying for a Construction & Excavation permit to work in the public right-of-way or in a public easement beginning October 1, 2001. Insurance shall cover contractor and vehicles used in the construction. The attached requirements dated April 1, 2026 will detail the insurance limits.

Contractors should bring in proof of insurance at the time of application for permit. For major companies that are self-insured, a letter stating this fact and signed by an officer of the firm may be acceptable subject to approval of the City's Risk Manager. Annual insurance may also be kept on file for contractors working periodically within the City of Torrance.

If you have any questions, please contact the Engineering Division Permit Counter at 310-618-5898.

MICHELLE G. RAMIREZ
Community Development Director
City of Torrance

EFFECTIVE 04/01/2026

**CITY OF TORRANCE
COMMUNITY DEVELOPMENT DEPARTMENT/
ENGINEERING DIVISION**

**PERMIT APPLICATION FORM
INSURANCE REQUIREMENTS**

Any entity performing work on City streets, right-of-way, and property must comply with the following requirements.

1. TYPE OF INSURANCE

Any entity performing work must maintain at their sole expense the following insurance, which shall be full coverage not subject to self-insurance provisions.

- Commercial General Liability (CGL): Insurance Services Office (ISO) Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence and \$ 4,000,000 general aggregate limit.
- Automobile Liability, Insurance Services Office Form CA 0001 covering Code 1 (any auto), with limits no less than \$1,000,000 per accident for bodily injury and property damage.
- Workers' Compensation insurance as required by the State of California, with Statutory Limits, and Employers' Liability insurance with a limit of no less than \$1,000,000 per accident for bodily injury or disease.

2. CERTIFICATES

- Certificates or an attached endorsements must be provided that contain the following provisions:
- The City, the City Council, and each member thereof, members of boards and commissions, every other officer, agent, official, employee, and volunteer must be named as additional insured by endorsement under the automobile and general liability policies.
- The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.
- The insurance policies required by this clause shall contain a provision that no termination, cancellation or change of coverage can be made without 30 days written notice to the City.

3. FILING REQUIREMENTS

- Certificates of insurance and/or endorsements must be provided to the Community Development Department, Engineering Services Division, 3031 Torrance Boulevard, Torrance, CA 90503, prior to the issuance of the permit.

4. ADDITIONAL REQUIREMENT

- Insurance required of any entity performing work will be satisfactory only if issued by companies rated "A" or better in the most recent edition of Best's Key Rating Guide, and only if they are of a financial category of a VII or better, unless these requirements are modified or waived by the City's Risk Manager.



Sample Certificate of Insurance – Minimum

A certificate of insurance (COI) is required for services and delivery, unless otherwise waived. All highlighted fields (as indicated on the sample certificate of insurance) should be filled out. This sample COI reflects the minimum insurance limits (general liability, auto liability, and workers' compensation). Please note that all certificates of insurance are subject to review.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER	CONTACT NAME:		INSURER(S) AFFORDING COVERAGE	NAIC #
	PHONE (A/C, No, Ext):	FAX (A/C, No):		
Insurance Agent Name Insurance Agent Address				
INSURED	INSURER A:			
	INSURER B: Insurance Company Name(s)			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			
Insured Name Insured Address				

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> 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 OTHER:			Policy Number	Current Period	Policy	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/PROP AGG \$ OTHER \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			Policy Number	Current Period	Policy	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Policy Number	Current Period	Policy	<input checked="" type="checkbox"/> RES STATUTE <input type="checkbox"/> OTHER \$ 1,000,000 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The City, the City Council, and each member thereof, members of boards and commissions, every other officer, agent, official, employee, and volunteer must be named as additional insured under the automobile and general liability policies.

CERTIFICATE HOLDER City of Torrance - (Department Involved) 3031 Torrance Blvd Torrance, CA 90503	CANCELLATION 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

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ACORD 25 (2016/03)

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Coverage

The minimum certificate of insurance should have the following coverage:

- Commercial General Liability
- Automobile Liability
- Workers' Compensation

Minimum Limits

The minimum insurance limits are:

- Commercial General Liability
 - \$2 million per occurrence
 - \$4 million aggregate
- Automobile Liability
 - \$1 million
- Workers' Compensation
 - \$1 million

Additional Insured

The City of Torrance must be named as additionally insured by endorsement under general and automobile liability.

The additional insured boxes should be checked for general and automobile liability.

In the description section, please use the specific additionally insured language outlined in the sample COI.

Waiver of Subrogation

A waiver of subrogation endorsement must be added to the workers' compensation policy. This can be added to the description section.

The "SUBR WVD" box on the certificate should be checked for workers' compensation.

Certificate Holder

The City of Torrance must be listed as the certificate holder. (Department Involved) should be replaced with the participating department.

Sample

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

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:

The City, the City Council and each member thereof, members of boards and commissions, every other officer, agent, official, employee, and volunteer.

(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.

Additional Insured – Endorsements

The City, the City Council and each member thereof, members of boards and commissions, every other officer, agent, official, employee, and volunteer must be named as additional insured on the endorsements.

Sample



Waiver of Subrogation Endorsement for Worker's Compensation

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

The Endorsement Policy Number must match the policy number on the Certificate of Insurance.

Note: The sample endorsement page is an example and may not be true to form.

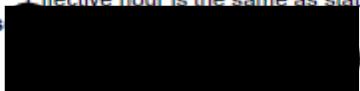
Policy Number: 42 WE AZ7TFA

Endorsement Number:

Effective Date: 09/01/24

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address



We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

SCHEDULE

Any person or organization for whom you are required by contract or agreement to obtain this waiver from us. Endorsement is not applicable in KY, NH, NJ or for any MO construction risk

Countersigned by _____
Authorized Representative

Form WC 00 03 13 Printed in U.S.A.

Process Date: 07/24/24

Policy Expiration Date: 09/01/25