

ENCROACHMENT PERMIT PACKET

The Encroachment Permit Packet includes:

- 1) Application for Encroachment Permit - to be completed and submitted by:
 - a. the Contractor

- 2) Liability Insurance Requirements and Sample Document - to be completed and submitted by:
 - a. the Contractor
 - b. every Subcontractor

- 3) City of Moreno Valley Business License (information) – to be completed and submitted by:
 - a. the Contractor
 - b. every Subcontractor



City of Moreno Valley

Public Works Department

Capital Projects Division

P. O. Box 88005 (14177 Frederick St)

Moreno Valley, CA 92552-0805

Phone: (951) 413-3130 Fax: (951) 413-3170

E-Mail: techinfo-capproj@moval.org

APPLICATION FOR ENCROACHMENT PERMIT

(This Application Applies to Projects Managed by the Capital Projects Division Only)

Note: No Contractor, Subcontractor, Independent Contractor or their employees may perform work within the City Right-of-Way without an encroachment permit.

City Project Number: _____

Project Name: _____

Project Location: _____

Est. Project Duration: Start (Month/Year): _____ End (Month/Year): _____

The undersigned hereby applies for a permit to work in the City Right-of-Way as follows: (Detailed description of all work to be performed under this permit)

Instructions:

- Completely fill out the Application (page 1),
 - Complete the Contractor/Subcontractors list (pages 2 and 3),
 - Submit Proof of Insurance for the General Contractor and all Subcontractors listed on pages 2 and 3 (the Contractor is responsible to provide its Subcontractors with the sample insurance, and to review and approve the Subcontractors insurance prior to submission to the City),
 - Submit Proof of City of Moreno Valley Business License for the General Contractor and all Subcontractors listed on pages 2 and 3.
 - The Traffic Control Plans, if required, have been approved by the City Y N N/A
- Date of approval: _____

In consideration of the granting of this application the **APPLICANT HEREBY AGREES TO:**

1. Indemnify, defend and save the City, its authorized agents, officers, representatives and employees, and any other entity as required per the project contract agreement, harmless from and against any and all penalties, liabilities or loss resulting from claims or court action and arising out of any accident, loss or damage to persons or property happening or occurring as a proximate result of any work undertaken under the permit granted pursuant to this application.
2. All work will be completed in conformance with the Bid Documents.

Contractor (Company): _____

By: _____
(Print Name)

(Sign Name)

(Company Address)

(City/Zip Code)

(Phone)

(Date)

CONTRACTOR / SUBCONTRACTORS LIST

City Project Number: _____ Project Name: _____

LIST CONTRACTOR AND ALL SUBCONTRACTORS:

GENERAL CONTRACTOR (The Primary Contractor selected by the City, including all employees thereof, excluding any independent contractors)		
Company Name:	Phone #:	
Company Address:		
Work to be performed by Contractor:		
Contact Name:	24 hr. Phone #:	
CSLB Lic. #:	Class:	Expiration Date:
City of Moreno Valley Business License #:	Expiration Date:	
Insurance – Date Submitted:	Date Approved:	

SUBCONTRACTORS (An independent contractor selected by the General Contractor, including all employees thereof)		
Company Name:	Phone #:	
Company Address:		
Work to be performed by Subcontractor:		
Contact Name:	24 hr. Phone #:	
Date (Month/Year) Subcontractor's - Work Starts:	Work Ends:	
CSLB Lic. #:	Class:	Expiration Date:
City of Moreno Valley Business License #:	Expiration Date:	
Insurance – Date Submitted:	Date Approved:	

Company Name:	Phone #:	
Company Address:		
Work to be performed by Subcontractor:		
Contact Name:	24 hr. Phone #:	
Date (Month/Year) Subcontractor's - Work Starts:	Work Ends:	
CSLB Lic. #:	Class:	Expiration Date:
City of Moreno Valley Business License #:	Expiration Date:	
Insurance – Date Submitted:	Date Approved:	

CONTRACTOR / SUBCONTRACTOR LIST

City Project Number: _____ Project Name: _____

LIST CONTRACTOR AND ALL SUBCONTRACTORS:

SUBCONTRACTORS (Continued) (An independent contractor selected by the General Contractor, including all employees thereof)		
Company Name:	Phone #:	
Company Address:		
Work to be performed by Subcontractor:		
Contact Name:	24 hr. Phone #:	
Date (Month/Year) Subcontractor's - Work Starts:	Work Ends:	
CSLB Lic. #:	Class:	Expiration Date:
City of Moreno Valley Business License #:	Expiration Date:	
Insurance – Date Submitted:	Date Approved:	
Company Name:	Phone #:	
Company Address:		
Work to be performed by Subcontractor:		
Contact Name:	24 hr. Phone #:	
Date (Month/Year) Subcontractor's - Work Starts:	Work Ends:	
CSLB Lic. #:	Class:	Expiration Date:
City of Moreno Valley Business License #:	Expiration Date:	
Insurance – Date Submitted:	Date Approved:	
Company Name:	Phone #:	
Company Address:		
Work to be performed by Subcontractor:		
Contact Name:	24 hr. Phone #:	
Date (Month/Year) Subcontractor's - Work Starts:	Work Ends:	
CSLB Lic. #:	Class:	Expiration Date:
City of Moreno Valley Business License #:	Expiration Date:	
Insurance – Date Submitted:	Date Approved:	
Company Name:	Phone #:	
Company Address:		
Work to be performed by Subcontractor:		
Contact Name:	24 hr. Phone #:	
Date (Month/Year) Subcontractor's - Work Starts:	Work Ends:	
CSLB Lic. #:	Class:	Expiration Date:
City of Moreno Valley Business License #:	Expiration Date:	
Insurance – Date Submitted:	Date Approved:	



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 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:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	XX0111222333			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YY0222333444			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	ZZZ333444555			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Professional Liability						

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

The City of Moreno Valley, the City of Moreno Valley Community Services District, the Moreno Valley Housing Authority and each of their officers, officials, employees, agents and volunteers are additional insureds as respects to General Liability and Auto Liability insurance. This insurance is primary, and our obligations are not affected by any other insurance carried by such additional insured whether primary, excess, contingent, or on any other basis. Waiver of subrogation for Workers' Compensation and Employer's Liability insurance as respects to the City of Moreno Valley, the City of Moreno Valley Community Services District, the Moreno Valley Housing Authority and each of their officers, officials, employees, agents and volunteers.

CERTIFICATE HOLDER**CANCELLATION**

City of Moreno Valley
Attn: (Insert name of contract person)
14177 Frederick Street
Moreno Valley, CA 92552

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
The City of Moreno Valley, the City of Moreno Valley Community Services District, the Moreno Valley Housing Authority and each of their officers, officials, employees, agents and volunteers	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

SAMPLE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
The City of Moreno Valley, the City of Moreno Valley Community Services District, the Moreno Valley Housing Authority and each of their officers, officials, employees, agents and volunteers	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p>Named Insured:</p> <p>Endorsement Effective Date:</p>
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SCHEDULE

<p>Name Of Person(s) Or Organization(s): The City of Moreno Valley, the City of Moreno Valley Community Services District, the Moreno Valley Housing Authority and each of their officers, officials, employees, agents and volunteers</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS
ENDORSEMENT**

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 applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be ____% of the workers' compensation premium otherwise due on such remuneration.

Minimum Premium: \$_____

Schedule

Person or Organization

Job Description

The City of Moreno Valley, the City of Moreno Valley
Community Services District, the Moreno Valley
Housing Authority and each of their officers, officials,
employees, agents and volunteers

ATTACHED TO AND FORMING A PART OF POLICY NO: ZZZ333444555

NAMED INSURED:

EFFECTIVE DATE OF ENDORSEMENT:

ENDORSEMENT NO:

DATE OF ISSUE:

City of Moreno Valley Business License

Any organization (Contractors, Subcontractors, etc.) doing business in the City of Moreno Valley is required to purchase a City of Moreno Valley Business License. The form can be acquired:

- 1) in-person at City Hall, on the Second Floor, in the Finance Department (or)
- 2) at the following web site: www.moval.org/biz-lic