



**City of Mission Viejo**  
**DEPARTMENT OF PUBLIC WORKS**  
**ENGINEERING DIVISION**

**INSURANCE REQUIREMENTS**

**OFFICE 949 / 470-3040**

**FAX 949 / 859-1901**

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1. Proof of insurance in the amount of \$1,000,000 (One Million Dollars) for general liability provided on 150-CGL Form #CG 00 01 11 85 or 88 written by insurers with a minimum "Best's" insurance rating of "A:VII+" or equivalent subject to approval.
  2. Proof of automobile insurance.
  3. Proof of workers' compensation insurance.
  4. City named as additional insured with respect to all insurance.
  5. The following wording in the cancellation clause must be struck out or deleted as shown and initialed by the insurance representative:

Should any of the above-described policies be cancelled before the expiration date thereof, the issuing company will ~~endeavor to~~ mail 30 days written notice to the certificate holder named to the left ~~but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.~~

6. The City will accept a faxed copy of the certificate of insurance. The original certificate must be mailed to:

City of Mission Viejo  
Public Works Department  
Attn: Public Works Permits  
200 Civic Center  
Mission Viejo, CA 92691