



# VENDOR INSURANCE CERTIFICATE REQUIREMENTS FOR THE BLM-EL CENTRO FIELD OFFICE

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MMDDYYYY)		
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  INSURANCE AGENT NAME & ADDRESS		CONTRACT NAME: PHONE (A/C. No., Ext): E-MAIL: ADDRESS:		FAX (A/C. No.):  INSURER(S) AFFORDING COVERAGE#  NAIC #		
INSURED  INSURED NAME & ADDRESS		INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER 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 PRODUCED BY PAID CLAIMS.						
INSR. LTR.	TYPE OF INSURANCE	ADDL. SUBR. INSR. WVR.	POLICY NUMBER	POLICY EFF. DATE (MMDDYYYY)	POLICY EXP. DATE (MMDDYYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> SUBJECT <input type="checkbox"/> LOG					EACH OCCURRENCE \$ SEE BLM REQ. DAMAGES TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/CPA/GS \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR, PARTNER, EXECUTIVE, OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under RESERVATION OF OPERATIONS	Y/N				TOTA/ST/IND. I/TORY LIMITS \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
The U.S. Department of the Interior, Bureau of Land Management are additionally insured. Additionally insured shall be provided notification of cancellation of policy within 30 days.						
<b>CERTIFICATE HOLDER</b> U.S. Department of the Interior Bureau of Land Management 1661 South 4th Street El Centro, CA 92243			<b>CANCELLATION</b> 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 Signed Not Stamped			
© 1988-2010 ACORD CORPORATION. All rights reserved.						
ACORD 25 (2010/05) The ACORD name and logo are registered marks of ACORD						

## COVERAGES

- Commercial General Liability
- Acord 25 form must be used

## MINIMUM LIMITS

- See Insurance Section in “Frequently Asked Questions” section packet for monetary requirements.

## ADDITIONALLY INSURED

- U.S. Department of the Interior
- Bureau of Land Management

## CERTIFICATE HOLDER

U.S. Department of the Interior  
 Bureau of Land Management  
 1661 South 4th Street  
 El Centro, CA 92243

Please submit certificate with application packet.

For any additional questions, please contact the vendor coordinator at: (760)-337-4457

**ADDITIONAL INSURED ENDORSEMENT FORM  
FOR THE BLM-EL CENTRO FIELD OFFICE**



**ADDITIONAL  
INSURED**

U.S. Department  
of the Interior

Bureau of Land  
Management

USE FORM  
CG T4911188

POLICY NUMBER: **Policy # here**

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:**

It is understood and agreed that the US Department of the Interior and the Bureau of Land Management is additionally insured solely as respects liability arising from operations of the named insured. The additionally insured shall be provided notification within 30 days of Cancellation of the policy.

U.S. Department of the Interior  
Bureau of Land Management  
1661 South 4th Street  
El Centro, CA 92243

(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 is amended to include as insured the persons or organizations shown in the schedule, but only with respect to liability arising out of your operations or premises owned or rented to you.

CG 2026 11 85

**Please submit your completed Additional Insured Endorsement Form with your Certificate of Liability.**

*For any additional questions, please contact the vendor coordinator at (760)-337-4457*