



FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT  
500 Castro Street • Post Office Box 7540 • Mountain View, California 94039-7540  
650-903-6316 • FAX 650-968-1786

## INSTRUCTIONS FOR MOBILE VENDING'S CERTIFICATES OF INSURANCE Mountain View City Code Chapter 15, Article II

These instructions pertain to the insurance certificates and endorsements required by your mobile vending permit with the City. Please ensure your insurance agent or broker is aware of these instructions prior to providing the City with any insurance certificates or endorsements.

**Failure to meet these requirements will delay processing of your permit.**

- General Information required on the certificate:
  1. Policy number.
  2. Name of insurance company.
  3. Name, address and phone number of producer.
  4. Name of producer's authorized representative.
  5. Name, address and phone number of insured.
  6. Policy name and number.
  7. Policy dates.
  8. Project name and number.
- **Commercial General Liability** Minimum \$2 million and **Automobile Liability** (Code 1 – Any Auto) Minimum \$1 million per occurrence required.
- **Additional Insured Endorsement Forms** *not contingent on a contract* – please attach additional insured endorsements to the **Commercial General Liability** and **Automobile Liability** certificate(s). The endorsements state:
  1. City of Mountain View, its officers, officials, agents, employees and volunteers are additional insureds; and
  2. Vendor's insurance is primary as respects the City, its officers, officials, employees, volunteers and agents. Any insurance or self-insurance maintained by the City shall be in excess of the vendor's insurance and shall not contribute with it.
- **Workers' Compensation Insurance and Employer's Liability** – Minimum coverage of \$1 million required. If operating as a sole proprietor worker's compensation insurance will not be necessary.
- **Cancellation Section** – Policy shall be endorsed to provide the City a 30-day notice in the event of cancellation or modification of insurance coverage.

Please note such phrases as "endeavor to," "it is the intention," "we will make every effort" and "but failure to mail such notices shall impose no obligation or liability of any kind upon the company, its agents or representatives" are unacceptable.
- **Notice for Insurance Certificate** – the mailing address is: City of Mountain View, Finance and Administrative Services Department, Attn. Business License, P.O. Box 7540, Mountain View, California, 94039.