**COUNTY OF SONOMA**

**MINIMUM LEVEL OF INSURANCE REQUIRED FOR TAXICAB PERMIT**

Every Taxicab Operator shall maintain the following minimum limits of insurance:

County reserves the right to review any and all of the required insurance policies and/or endorsements, but has no obligation to do so. Failure to demand evidence of full compliance with the insurance requirements set forth in this Permit or failure to identify any insurance deficiency shall not relieve Taxicab Operator from, nor be construed or deemed a waiver of, its obligation to maintain the required insurance at all times during the term of this Permit or any extensions of the term.

1. **Workers Compensation Insurance & Employers Liability Insurance**
	1. Required if Taxicab Operator has employees.
	2. Workers Compensation Insurance & Employers Liability Insurance with statutory limits as required by the Labor Code of the State of California.
	3. Employers Liability with limits of $1,000,000 per Accident; $1,000,000 Disease per employee; $1,000,000 Disease per policy.
	4. The policy shall be endorsed to include a written waiver of the insurer's right to subrogate against the County of Sonoma, its officers, agents and employees.
	5. *Required Evidence of Insurance*: Certificate of Insurance.

If Taxicab Operator currently has no employees, Taxicab Operator agrees to obtain the above-specified Workers Compensation and Employers Liability insurance should any employees be engaged during the term of this Permit or any extensions of the term.

1. **Automobile Liability Insurance**
	1. Minimum Limits: $500,000 combined single limit per accident or $250,000 Bodily Injury to any one person, $500,000 Bodily Injury per accident and $100,000 Property Damage per accident.
	2. The Taxicab Operator shall disclose any deductible or self-insured retention. Such deductible or self-insured retention must be approved in advance by County.
	3. *Required Evidence of Insurance*: Copy of the Automobile Liability Insurance policy declarations showing the following information:
		1. Named insured;
		2. Name of insurer;
		3. Policy dates;
		4. List of insured automobiles;
		5. Limits of liability
2. **Standards for Insurance Companies**

Insurers with an A.M. Best's rating of less than A:VII, other than the California State Compensation Insurance Fund, require County’s prior approval.

1. **Documentation**
	1. The name and address for Certificates of Insurance is: County of Sonoma, its officers, agents and employees: Attn: Sheriff’s Administration, Sonoma County Sheriff’s Office, 2796 Ventura Avenue, Santa Rosa, CA 95403.
	2. Required Evidence of Insurance shall be submitted for any renewal or replacement of a policy that already exists, at least ten (10) days before expiration or other termination of the existing policy.
	3. The Taxicab Operator shall provide immediate written notice if: (1) any of the required insurance policies is terminated; (2) the limits of any of the required policies are reduced; or (3) the deductible or self-insured retention is increased.
	4. Upon written request, certified copies of required insurance policies must be provided within thirty (30) days.