

CDBG INSURANCE REQUIREMENTS

If the proposal is funded, the organization will enter into a contract with the City of Phoenix. All City contracts require insurance and indemnification language so that the responsibility for paying claims is established with the organization and ensures that financial resources are available to pay claims. The insurance requirements listed below are minimum requirements and the City in no way warrants that the minimum limits are sufficient to protect the organization from liabilities that might arise from carrying out the funded program. The organization is free to purchase additional insurance, as they deem necessary. Depending upon the program activities and the program beneficiaries, several types of insurance coverage will be required. This information is provided to help in the development of the overall operating cost of the proposed program and to ensure sufficient funds are set aside for insurance.

Minimum Scope and Limits of Insurance - coverage with limits of liability not less than those stated below are required for funded CDBG Public Service programs.

Commercial General Liability

- General Aggregate \$2,000,000
- Products – Completed Operations Aggregate \$1,000,000
- Personal and Advertising Injury \$1,000,000
- Each Occurrence \$1,000,000

Sexual Abuse and Molestation Coverage

- Policy endorsement required if the activities involve working with or caring for children or vulnerable adults must maintain sexual molestation coverage. Additionally, fingerprinting is required for funded staff and contractors working with vulnerable populations such as children and vulnerable adults.

Automobile Liability - Combined Single Limit \$1,000,000

- Required only if activities involve the use of transportation in the provision of services
- Bodily Injury and Property Damage for any owned, hired, and non-owned vehicles used in the performance of this contract.

Worker's Compensation and Employers' Liability

- Workers' Compensation
- Statutory
- Employers' Liability
- Each Accident \$100,000
- Disease – Each Employee \$100,000 Disease - Policy Limit \$500,000

Professional Liability - Errors and Omissions Liability

- Required only if activities involve providing professional services

Each Claim \$1,000,000

Annual Aggregate \$2,000,000

NOTICE OF CANCELLATION: Insurance policies must be the appropriate coverage for and shall not be suspended, voided, canceled, reduced in coverage or endorsed to lower limits.

ACCEPTABILITY OF INSURERS: Insurance is to be placed with insurers duly licensed or approved unlicensed companies in the state of Arizona and with an "A.M. Best" rating of not less than B+ VI. The City in no way warrants that the above-required minimum insurer rating is sufficient to protect the organization from potential insurer insolvency.

VERIFICATION OF COVERAGE: The City must receive certificates of insurance (ACORD form or equivalent approved by the City) as required. The certificates for each insurance policy are to be signed by a person

authorized by that insurer to bind coverage. The City of Phoenix must be listed as an additional insured (to the extent City is indemnified pursuant to the Indemnity Provisions herein) on all certificates of insurance.

PROFESSIONAL LIABILITY INSURANCE: Professional liability insurance protects against losses that occur when a "professional" fails to practice his or her art to the usual and customary standards of that profession. Therefore, there can be risks to the Organization associated with errors (or allegations of errors) in the professional's work product or judgment. In order to determine if your proposed program will need professional liability insurance, ask yourself:

1. Will the program employ professional licensed or certified workers (i.e. accountants, teachers, medical professionals, psychologist, etc.)?
2. Will the information developed by the professional be used in a decision-making process within the Organization that could create a liability?

If the answer is yes to either of these questions, then professional liability insurance would be required.

The types of losses that can occur under such circumstances are often excluded under general liability policies. They can be covered through separate professional liability insurance policies, also known as "errors and omissions" (E&O) liability insurance.



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 have ADDITIONAL INSURED provisions or 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		FAX (A/C, No)	
	PHONE (A/C, No, Ext)		E-MAIL ADDRESS	
INSURED	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A			
	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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y		7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y			7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000				7/1/2020	7/1/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCR PTION OF OPERATIONS below	Y/N	N/A		7/1/2020	7/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACC DENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability-Claims Mad Sexual Abuse/Molestation-Occurrence Form				7/1/2020	7/1/2021	Limit/Aggregate \$1MM/\$3MM Limit/Aggregate \$1MM/\$3MM

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

Additional Insured applies with respects General Liability and Automobile Liability when required by written contract. Waiver of Subrogation applies with respects General Liability when required by written contract. Waiver of Subrogation applies with respects Workers Compensation per attached form WC000313 04/84.

CERTIFICATE HOLDER

CANCELLATION

City of Phoenix
Neighborhood Services - Dept/Grants Administration
200 W Washington, 4th Floor
Phoenix AZ 85003

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