

APPENDIX C

INSURANCE
REQUIREMENTS
OF
AWARDED CONTRACTOR

Insurance Requirements

Name: Request For Proposal (RFP) # SCG 08-102 Date: 1/3/08

Agreement/Reference: Certification Training Services on Health and Safety Related Subjects

Evidence of coverages checked below which have as a minimum the limits shown must be submitted and approved prior to occupancy/start of operations. Amounts shown are Combined Single Limits ("CSL"). Split limits may be substituted if the total per occurrence equals or exceeds the CSL amount.

	Limits
<input checked="" type="checkbox"/> Workers' Compensation (Statutory Limit)/Employer's Liability <input checked="" type="checkbox"/> Waiver of Subrogation in favor of City <input type="checkbox"/> Longshore & Harbor Workers <input type="checkbox"/> Jones Act	1,000,000
<input checked="" type="checkbox"/> General Liability <input checked="" type="checkbox"/> Premises and Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Independent Contractors <input type="checkbox"/> _____ <input type="checkbox"/> Collapse and Underground <input checked="" type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Fire Legal Liability _____	1,000,000
<input checked="" type="checkbox"/> Automobile Liability (if vehicle is used for this contract, other than commuting to/from work) <input checked="" type="checkbox"/> Hired Automobiles <input checked="" type="checkbox"/> Non-owned Automobiles <input checked="" type="checkbox"/> Owned Automobiles <input type="checkbox"/> _____	1,000,000
<input checked="" type="checkbox"/> Professional Liability (Errors and Omissions) Discovery Period <u>12 months after termination or completion of agreement</u>	1,000,000
<input type="checkbox"/> Property Insurance to cover value of building (as determined by City or insurance company) <input type="checkbox"/> All Risk Coverage <input type="checkbox"/> Extended Coverage <input type="checkbox"/> Flood _____ <input type="checkbox"/> Earthquake _____ <input type="checkbox"/> Boiler and Machinery <input type="checkbox"/> Debris Removal <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Pollution Liability <input type="checkbox"/> _____	
<input type="checkbox"/> Fidelity Bond	
<input type="checkbox"/> Surety Bond	
<input type="checkbox"/> Crime Insurance	
Other _____ _____ _____	