

ATTACHMENT "C"

INSURANCE REQUIREMENTS

WORKER'S COMPENSATION

This coverage shall include Worker's Compensation Insurance covering all employees and include Employer's Liability with limits meeting all applicable state and federal laws. This coverage must extend to any subcontractor that does not have their own Worker's Compensation and Employer's Liability Insurance. Thirty (30) day notice of cancellation is required and must be provided to the CITY via Certified Mail.

COMMERCIAL GENERAL LIABILITY

This coverage shall be on an "Occurrence" basis. Coverage shall include Premises and Operations; Independent Contractors' Products and Completed Operations and Contractual Liability. This policy shall provide coverage for death, personal injury or property damage that could arise directly or indirectly from the performance of this Agreement.

The Minimum Limits of Coverage shall be (\$1,000,000) per occurrence, Combined Single Limit for Bodily Injury Liability and Property Damage Liability.

THE CITY OF DELRAY BEACH MUST BE NAMED AS AN ADDITIONAL INSURED ON THE COMMERCIAL GENERAL LIABILITY POLICY. Thirty (30) days written notice must be provided to the CITY via Certified Mail in the event of cancellation.

BUSINESS AUTOMOBILE LIABILITY

The minimum limits of coverage shall be (\$500,000) per occurrence, Combined Single Limit for Bodily Injury Liability and Property Damage Liability. This coverage shall be an "Any Auto" type policy.

The CITY must be listed as an Additional Insured under the Policy. Thirty (30) days written notice must be provided to the CITY via Certified Mail in the event of cancellation.

In the event that the SUBRECIPIENT does not own any vehicles, we will accept hired and non-owned coverage in the amounts listed above. In addition, we will require an affidavit signed by the SUBRECIPIENT indicating the following:

_____ does not own any vehicles.
"Company Name"

In the event we acquire any vehicles throughout the term of his Contract/Agreement,

_____ agrees to purchase "Any Auto" or
"Company Name"

Comprehensive Form coverage as of the date of acquisition.

The SUBRECIPIENT's Signature: _____