

A COMPLETED APPENDIX D IS TO BE INCLUDED IN TAB 1 OF PROPOSAL

REVISED Appendix D

Insurance Checklist

Coverages Required			Limits (Figures Denote Minimums)		
Offeror Use	APS Use	Number	Coverage Type	Coverage Limit Per Occurrence	Coverage Aggregate Limit
Coverage Present (Place an X in the Box if coverage is present)	Confirmed Coverage Present (Place an X in the Box if coverage is present)				
Commercial General Liability					
		1	Premises / Operations	\$2,000,000	\$4,000,000
		2	Completed Products / Operations	\$2,000,000	\$4,000,000
Subcontractors Commercial General Liability Insurance					
		3	Subcontractors General Liability	\$2,000,000	\$4,000,000
Worker's Compensation & Employer's Liability Insurance					
		4	Worker's Compensation	Statutory Limit	Statutory Limit
		5	Employer's Liability	\$100,000	\$100,000
Commercial Automobile Liability Insurance					
		6	Owned	\$1,000,000	\$2,000,000
		7	Non-Owned / Hired		
Cyber Liability Insurance					
		8	Cyber Liability	\$3,000,000	\$6,000,000
Umbrella / Excess Insurance					
		9	Umbrella Liability	TBD	TBD
		10	Excess Liability	TBD	TBD
All other Risk Management Items of Note					
		11	All insurance carriers AM Best Ratings are an A- or better or its equivalent		
		12	All deductibles and or self-insurance component have been submitted to Arlington Public Schools for review.		
		13	Notice of Cancellation, nonrenewal or material change in coverage shall be provided to APS at least forty-five (45) days prior to action		

		14	APS has been added as an Additional Insured (via endorsement of the insurance policy) on all policies except Workers Compensation & Cyber Liability.
		15	All of the Certificates of Insurance show the Contract Number and Title
		16	If Claims Made Coverage is Approved, does it meet stipulations 1 or 2 stipulated in Section G of the Insurance Requirements, of the Contract Terms and Conditions
		17	Indemnification (Refer to Section 25 of the Contract Terms and Conditions)

Insurance Agent's Statement:

I have reviewed the above requirements with the Offeror named below and have advised the Offeror of required coverages not provided through this agency.

Agency Name	
Auth. Signature	
Date	

Offeror's Statement:

If awarded the Contract, I will comply with Contract insurance requirements.

Offeror Name	
Auth. Signature	
Date	