

[This FORM may be used to request a Certificate of Insurance from your insurance carrier.]

TO: _____
(Agent Name and/or Insurance Company)

FROM: _____
(Insured's Name)

SUBJECT: **REQUEST FOR CERTIFICATE OF INSURANCE**

ISSUE CERTIFICATE OF INSURANCE AS FOLLOWS:

Certificate Holder: Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated as LA Cty Prop 10 Commn.), its officers, agents, consultants and employees.

Address: 750 N. Alameda Street, Suite 300
City, State, Zip: Los Angeles, CA 90012

Initiative: _____
Contract Number (include zeros): _____
Contract Term: _____

COVERAGES AND AMOUNTS TO BE ON CERTIFICATE OF LIABILITY INSURANCE for the duration of the Contract Term:

- Commercial General Liability**
 - \$1 million per occurrence and \$2 million aggregate.
 - Liability shall be primary and non-contributory.
 - **ADD Additional Insured Endorsement for:**
 - **“Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated as LA Cty Prop 10 Commn.), its officers, agents, consultants and employees”**

- Worker’s Compensation**
 - **Limit required:** Should reflect California statutory amount of \$1 million.
 - No endorsement required.

- Professional Liability**
 - **Limit required:** \$1 million per occurrence
 - Shall cover liability arising from any error, omission, or negligent or wrongful act of Contractor or its employees.
 - Required only if Contractor has professional exposure relating to the Contract Agreement awarded by the Commission.
 - **ADD Additional Insured Endorsement for:**
 - **“Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated as LA Cty Prop 10 Commn.), its officers, agents, consultants and employees”**

Business Auto Liability

- Applicable if travel for First 5 LA related business is required.
- Limit required: \$1 million per accident
- Primary coverage shall be provided on ISA Business Auto Coverage forms for all owned, non-owned, and hired vehicles.
- Automobile physical damage shall be required on an actual cash value basis for comprehensive and collision coverage with maximum deductibles of \$1,000 each accident for those vehicles funded by the Contract and for which Commission has an ownership interest.
- **ADD Loss Payee Endorsement if applicable:**
 - **“Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated as LA Cty Prop 10 Commn.), its officers, agents, consultants and employees”**
 - **Endorsement should read: “LOSS PAYEE, as their interest may appear”**

Crime Coverage

- \$25,000 + (for Employee dishonesty, forgery, computer fraud, burglary, securities, etc.)
- Crime coverage may be included with Property Insurance.
- **ADD Loss Payee Endorsement if applicable:**
 - **“Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated as LA Cty Prop 10 Commn.), its officers, agents, consultants and employees”**
 - **Endorsement should read: “LOSS PAYEE, as their interest may appear”**

Property Coverage

- Coverage on real and personal property shall be on a replacement cost basis.
- **ADD Loss Payee Endorsement for:**
 - **“Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated as LA Cty Prop 10 Commn.), its officers, agents, consultants and employees”**
 - **Endorsement should read: “LOSS PAYEE, as their interest may appear”**
- Provide Evidence of Property Insurance certificate.
- Required only in the event the Contract is providing funds for real property or personal property, including equipment and Commission has an ownership interest in that property.

Evidence of Self Insurance

- Evidence of self insurance must meet the insurance requirements (amounts) and approval of the Commission’s Legal Counsel.
- Must submit a copy of the self-insured certificate issued by the State of California.
- Must submit a letter of explanation.

SPECIAL REQUIREMENTS:

30-days Cancellation Clause

ADD Initiative & Contract Number in the Description of Operations box (see page 1).

DISTRIBUTION:

- Email Insurance Certificate or Fax to (213) 482-5903 First 5 LA Attn: Grants Management & Legal Compliance.