REQUEST FOR CERTIFICATE OF INSURANCE

[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.