TO: __________________________________________

(Insurance Company)

FROM: ________________________________________

(Insured’s Name)

SUBJECT: REQUEST FOR CERTIFICATE(S) OF INSURANCE

ISSUE CERTIFICATE OF INSURANCE AS FOLLOWS:

List this organization as the **CERTIFICATE HOLDER** and as an **Additional Insured/Loss Payee**, as required below -

Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated, LA Cty Prop 10 Commn.), its officers, agents, consultants and employees.
750 N. Alameda Street, Suite 300
Los Angeles, CA 90012

THE COVERAGES AND AMOUNTS TO BE ON CERTIFICATE OF LIABILITY INSURANCE for the duration of the Grant Term (please refer to Grant Agreement Insurance Requirements attachment for more specifics):

☐ Commercial General Liability
  - $1 Million per occurrence and $2 Million aggregate
  - **Los Angeles County Children and Families First – Proposition 10 Commission** (or abbreviated, LA Cty Prop 10 Commn.), its officers, agents, consultants and employees is added as “**Additional Insured**” on policy
  - Liability shall be primary and con-contributory

☐ Worker’s Compensation (If applicable)
  - Reflects California statutory amount of $1 Million
  - **Evidence Only**

☐ Professional Liability (If applicable)
  - $1 Million per occurrence
  - Shall cover liability arising from any error, omission, or negligent or wrongful act of Grantee or its employees
  - Required only if Grantees have a professional exposure relating to Grant awarded by this Agreement
  - **Los Angeles County Children and Families First – Proposition 10 Commission** (or abbreviated, LA Cty Prop 10 Commn.), its officers, agents, consultants and employees must be listed as an “**Additional Insured**” on the policy

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☐ Business Auto Liability (If applicable)
- $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 Grant and for which Commission has an ownership interest.
- Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated, LA Cty Prop 10 Commn.), its officers, agents, consultants and employees is added as “LOSS PAYEE, as their interest may appear” on policy

☐ Crime Coverage (If applicable)
- $25,000 + for Employee dishonesty, forgery, computer fraud, burglary, securities, etc.
- Crime coverage may be included with Property Insurance unless Property Insurance is not required by this Agreement.

☐ Property Coverage (If applicable)
- Replacement cost or amount
- Provide Evidence of Property Insurance
- Required only in the event the Grant is providing funds for real property or personal property, including equipment and Commission has an ownership interest in that property
- Los Angeles County Children and Families First – Proposition 10 Commission (or abbreviated, LA Cty Prop 10 Commn.), its officers, agents, consultants and employees is added as “LOSS PAYEE, as interest may appear” on policy

☐ Evidence of Self Insurance (If applicable)
- Evidence of self insurance must meet the insurance requirements (amounts) and approval the Commission’s Legal Counsel
- Must submit a copy of the self-insured certificate issued by the State of California

INCLUDE THESE SPECIAL REQUIREMENTS on CERTIFICATE:

☐ Cancellation Clause
- 30 days

☐ Initiative & Grant Number
- Include this reference in Description of Operations:
  Initiative: ____________________________
  Grant #: 00_____

DISTRIBUTION:
☐ Mail original Certificate of Liability Insurance and Evidence of Property Insurance to Certificate Holder (additional insured/loss payee) and a copy to us (Insured)
☐ Fax Certificate of Liability Insurance and Evidence of Property Insurance to the attention of Contracts & Legal Compliance - Fax Number (213) 482-5903

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