SAMPLE LETTER

April 24, 2007

First 5 LA
Grants Management Department – SRI
750 N. Alameda Street, Suite 300
Los Angeles, CA  90012

To Whom It May Concern:

This letter is being submitted as confirmation that the XYZ School District is Self-Insured. The district is covered for all insurances that are initialed below. We understand that all insurance items required by First 5 LA must be covered under our Self-Insurance status or that we must provide further documentation for all items not covered.

_____ COMMERCIAL GENERAL LIABILITY – minimum of $1,000,000 per occurrence and $2,000,000 Aggregate.
• ALL GRANTEES are required to have this insurance.
• “Los Angeles County Children and Families First – Proposition 10 Commission” (or if abbreviated, “LA Cty Prop 10 Commn.”), must be listed as an “Additional Insured” on the policy.

_____ WORKER’S COMPENSATION (If applicable) – California Statutory amount of $1,000,000.
• Grantees are required to have Worker’s Compensation Insurance if they employ any person, even on a part time basis. The exception is if a Grantee hires a relative.
• No endorsement required.

_____ PROFESSIONAL LIABILITY (If applicable) – minimum of $1,000,000 per occurrence to cover liability arising from any error, omission, or negligent or wrongful act of the Grantee or its employees.
• Grantees that have a professional liability exposure relating to the grant awarded by this Grant Agreement are required to provide evidence of Professional Liability coverage.
• “Los Angeles County Children and Families First – Proposition 10 Commission” (or if abbreviated, “LA Cty Prop 10 Commn.”), must be listed as an “Additional Insured” on the policy.
BUSINESS AUTO LIABILITY (If applicable) – Combined single minimum of $1,000,000 per accident for owned, non-owned, and hired vehicles. Reasons for applicability and inapplicability, include, but are not limited to:

- Grantees that did not receive funds from First 5 LA to purchase a vehicle, to transport program participants or for any type of home visitation program, are not required by First 5 LA to show proof of insurance or to list Commission as a Loss Payee.
- Grantees that purchase an auto with First 5 LA funds are required to obtain Commercial Auto Liability Insurance Coverage with a minimum of $1,000,000 each accident and Actual Cash Value Physical Damage Coverage with Deductibles of no more than $1,000 each accident on the vehicle or vehicles. “Los Angeles County Children and Families First – Proposition 10 Commission” (or if abbreviated, “LA Cty Prop 10 Commn.”), must be listed as “Loss Payee as their interest may appear.”
- Grantees that have their own vehicle but have a grant from First 5 LA to transport children must have a minimum of $1,000,000 in auto liability insurance.
- Grantees that receive funds from First 5 LA for a program that includes home visitation by employees or volunteers of the Grantee and that use their own vehicles, are required to have auto non-ownership liability coverage.

CRIME INSURANCE (If applicable) – Not less than $25,000 to cover against loss of money, securities, or other property resulting from employee dishonesty, forgery or alteration, disappearance and destruction, computer fraud, burglary and robbery.

- This insurance may be included with Property Insurance unless Property Insurance is not required by this Grant Agreement.
- No endorsement required.

PROPERTY COVERAGE (If applicable) – Replacement cost basis with deductible no greater than $1,000 per occurrence.

- Required only if the grant is providing funds for real property or personal property, including equipment and the Commission has an ownership interest in that property.
- “Los Angeles County Children and Families First – Proposition 10 Commission” (or if abbreviated, “LA Cty. Prop 10 Commn.”), must be listed as “Loss Payee as their interest may appear.”

A copy of the district’s Self-Insured Certificate for the items initialed above is attached (if applicable).

Additional documentation is attached for all required insurances for which the district is not Self-Insured (if applicable).

Please contact me at (###) ###-#### if you require additional information.

Sincerely,

Name
Title