

CITY OF HIALEAH  
INSURANCE CHECK LIST  
Construction Manager at Risk for City of Hialeah  
Educational Academy Phase 4 Expansion  
2024-25-039

INSURANCE

LIMITS

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| <u>X</u> 1. <u>COMMERCIAL GENERAL LIABILITY</u><br>PREMISES OPERATIONS<br>INCLUDED; PRODUCTS AND<br>COMPLETED OPERATIONS INCLUDED;<br>INDEPENDENT CONTRACTORS<br>(O.C.P.) INCLUDED; ELEVATORS<br>INCLUDED; SUPERVISION<br>EXCLUSION DELETED; PERSONAL<br>INJURY LIABILITY INCL   | \$2,000,000 PER OCCURRENCE/<br>\$4,000,000 GENERAL AGGREGATE<br>FOR BODILY INJURY<br>AND PROPERTY DAMAGE<br>COMBINED EACH OCCURRENCE |
| <u>X</u> 2. AUTOMOBILE LIABILITY<br>OWNED, NON-OWNED/<br>HIRED INCLUDED  | \$1,000,000 SINGLE LIMIT FOR BODILY<br>INJURY & PROPERTY DAMAGE<br>COMBINED EACH OCCURRENCE  |
| <u>X</u> 3. UMBRELLA LIABILITY   | \$2,000,000 EXCESS OF ALL<br>PRIMARY COVERAGE  |
| <u>X</u> 4. WORKERS' COMPENSATION AND<br>EMPLOYEE'S LIABILITY POLICY<br>ISSUED IN NAME OF VENDOR   | STATUTORY LIMITS OF THE STATE OF<br>FLORIDA  |
| <u>X</u> 5. THE CITY MUST BE NAMED BY ENDORSEMENT AS <b>ADDITIONAL INSURED</b> ON THE<br>INSURANCE POLICY. THE FOLLOWING MUST ALSO BE STATED ON THE<br>CERTIFICATE. "THESE COVERAGES ARE <b>PRIMARY AND NON-CONTRIBUTORY</b> TO ALL<br>OTHER COVERAGES THE CITY POSSESSES FOR THIS CONTRACT ONLY." AND<br><b>WAIVER OF SUBROGATION</b> ON THE POLICY |  |
| <u>X</u> 6. A.M. BEST RATING FOR EACH<br>INSURER   | <b>A-</b> FRS RATING OR BETTER<br>AND<br><b>X</b> FSC CLASS OR BETTER  |
| <u>X</u> 7. THIRTY (30) DAYS CANCELLATION NOTICE REQUIRED  |  |
| <u>X</u> 8. ERRORS & OMISSIONS/PROFESSIONAL<br>LIABILITY   | \$1,000,000 EACH CLAIM   |
| ___ 9. LIQUOR LEGAL LIABILITY  | \$1,000,000 EACH OCCURRENCE  |
| ___ 10. XCU PROPERTY DAMAGE EXCLUSION DELETED AND THIS COVERAGE WILL<br>PROVIDED   |  |
| ___ 11. CYBER LIABILITY  | \$5,000,000 EACH CLAIM<br>\$250,000 SOCIAL<br>ENGINEERING  |

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| ___ 12. INFORMATION TECHNOLOGY<br>ERRORS AND OMISSIONS<br>INCLUDING CYBER LIABILITY<br>AND PRIVACY PROTECTION   | \$1,000,000 EACH CLAIM   |
| ___ 13. POLLUTION LIABILITY   | \$1,000,000 EACH CLAIM   |
| X ___ 14. SUBCONTRACTOR PROVIDER<br>INSURANCE<br>COVERAGE (IF<br>APPLICABLE)  | \$1,000,000 GENERAL LIABILITY<br>WORKERS COMPENSATION<br>\$1,000,000 AUTOMOBILE LIABILITY  |
| ___ 15. GARAGE LIABILITY  | \$1,000,000 SINGLE LIMIT FOR BODILY<br>INJURY AND PROPERTY DAMAGE<br>COMBINED EACH OCCURRENCE  |
| ___ 16. GARAGEKEEPER'S LEGAL LIABILITY  | \$100,000 EACH OCCURRENCE  |
| ___ 17. BUILDERS RISK   | FULL CONSTRUCTION COSTS OF THE<br>PROJECT  |
| ___ 18. BUSINESS PERSONAL PROPERTY COV.   | LIMITS EQUALING REPLACEMENT<br>COST OF VENDOR'S PROPERTY   |
| ___ 19. SPOILAGE COVERAGE   | LIMITS EQUALING<br>REPLACEMENT COST OF VENDOR'S<br>PROPERTY  |
| ___ 20. LOSS OF INCOME COVERAGE.  | LIMITS ADEQUATE TO COVER LOSS<br>OF INCOME AND EXTRA EXPENSE<br>FOR 12 MONTHS  |
| ___ 21. CRIME COVERAGE  | \$5,000,000 EACH CLAIM<br>EMPLOYEE DISHONESTY INCLUDING<br>FORGERY, COMPUTER FRAUD AND<br>WIRE TRANSFER FRAUD. SOCIAL<br>ENGINEERING |
| ___ 22. ATHLETIC FIELD USAGE<br>COMMERCIAL GENERAL LIABILITY<br>PREMISES OPERATIONS INCL<br>PRODUCTS AND<br>COMPLETED OPERATIONS INCL<br>PERSONAL INJURY LIABILITY INCL ATHLETIC<br>PARTICIPANT LIABILITY INCL ABUSE AND<br>MOLESTATION COVERAGE INCL | \$1,000,000 SINGLE LIMIT FOR BODILY<br>INJURY AND PROPERTY DAMAGE<br>COMBINED EACH OCCURRENCE  |

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| ___23. TEACHERS PROFESSIONAL LIABILITY | \$1,000,000 EACH CLAIM |
| ___24. TRANSPORTATION INSURANCE        | \$150,000              |
| ___25. MEDIA LIABILITY INSURANCE       | \$1,000,000            |

WHEN USING THE "ACCORD" FORM OF INSURANCE CERTIFICATE, PLEASE NOTE THAT IN THE "CERTIFICATE HOLDER" BOX, THE FOLLOWING MUST BE SHOWN:

CITY OF HIALEAH, A MUNICIPAL CORPORATION, 501 PALM AVENUE, HIALEAH, FL. 33010

BIDDER AND INSURANCE AGENT STATEMENT:

We understand the Insurance Requirements of this Solicitation and we recognize that evidence of insurability will be required within five (5) days after intend to award is issued.

\_\_\_\_\_  
Bidder's Name Insurance  
Agency

\_\_\_\_\_  
Signature of Bidder's  
Representative

\_\_\_\_\_  
Signature of Florida Resident  
Agent

\_\_\_\_\_  
Name and Location of Agency

\_\_\_\_\_  
Signature of Bidder's Agent

Agent's Errors and Omissions Policy:

\_\_\_\_\_  
Policy Company; Expiration Date;  
Amount of Coverage; Policy  
Number