

CITY OF HIALEAH
 INSURANCE CHECK LIST
 IFB – 2025-26-017
 Carl Slade Park Facilities Roof
 INSURANCE replacement LIMITS

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

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___ 12. INFORMATION TECHNOLOGY ERRORS AND OMISSIONS INCLUDING CYBER LIABILITY AND PRIVACY PROTECTION	\$1,000,000 EACH CLAIM
<input checked="" type="checkbox"/> 13. POLLUTION LIABILITY	\$1,000,000 EACH CLAIM
<input checked="" type="checkbox"/> 14. SUBCONTRACTOR PROVIDER INSURANCE COVERAGE	\$1,000,000 GENERAL LIABILITY STATUTORY LIMITS FOR WORKERS COMPENSATION \$1,000,000 AUTOMOBILE LIABILITY
___ 15. GARAGE LIABILITY	\$1,000,000 SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE COMBINED EACH OCCURRENCE
___ 16. GARAGEKEEPER'S LEGAL LIABILITY	\$100,000 EACH OCCURRENCE
<input checked="" type="checkbox"/> 17. BUILDERS RISK/INSTALLATION FLOATER	FULL CONSTRUCTION COSTS OF THE PROJECT
___ 18. BUSINESS PERSONAL PROPERTY COV.	LIMITS EQUALING REPLACEMENT COST OF VENDOR'S PROPERTY
___ 19. SPOILAGE COVERAGE	LIMITS EQUALING REPLACEMENT COST OF VENDOR'S PROPERTY
___ 20. LOSS OF INCOME COVERAGE.	
___ 21. CRIME COVERAGE	LIMITS ADEQUATE TO COVER LOSS OF INCOME AND EXTRA EXPENSE FOR 12 MONTHS \$5,000,000 EACH CLAIM EMPLOYEE DISHONESTY INCLUDING FORGERY, COMPUTER FRAUD AND WIRE TRANSFER FRAUD. SOCIAL ENGINEERING

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22. ATHLETIC FIELD USAGE COMMERCIAL GENERAL LIABILITY PREMISES OPERATIONS INCL PRODUCTS AND COMPLETED OPERATIONS INCL PERSONAL INJURY LIABILITY INCL ATHLETIC PARTICIPANY LIABILITY INCL ABUSE AND MOLESTATION COVERAGE INCL	\$1,000,000 SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE COMBINED EACH OCCURRENCE
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
PROPOSER AND INSURANCE AGENT STATEMENT:

We understand the Insurance Requirements of this Solicitation and we recognize that evidence of insurability may be required within five (5) days after Proposals are opened.

Proposer's Name

Insurance Agency

Signature of Proposer's Representative

Signature of Proposer's Agent

Signature of Florida Resident Agent

Agent's Errors and Omissions Policy:

Name and Location of Agency

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