

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

INSURANCE

- | | |
|--|---|
| <u>X</u> 1. <u>COMMERCIAL GENERAL LIABILITY</u>
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 |
| <u>X</u> 2. AUTOMOBILE LIABILITY
OWNED, NON-OWNED/
HIRED INCLUDED | \$1,000,000 SINGLE LIMIT FOR BODILY
INJURY & PROPERTY DAMAGE
COMBINED EACH OCCURRENCE |
| <u>X</u> 3. UMBRELLA LIABILITY | \$1,000,000 EXCESS OF ALL PRIMARY
COVERAGE |
| <u>X</u> 4. WORKERS' COMPENSATION AND
EMPLOYEE'S LIABILITY POLICY
ISSUED IN NAME OF VENDOR | STATUTORY LIMITS OF THE STATE OF
FLORIDA |
| <u>X</u> 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 | |
| <u>X</u> 6. A.M. BEST RATING FOR EACH
INSURER | A- FRS RATING OR BETTER
AND
X FSC CLASS OR BETTER |
| <u>X</u> 7. THIRTY (30) DAYS CANCELLATION NOTICE REQUIRED | |
| <u>X</u> 8. ERRORS & OMISSIONS/PROFESSIONAL
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
PROVIDED | |
| ___ 11. CYBER LIABILITY | \$5,000,000 EACH CLAIM
\$250,000 SOCIAL
ENGINEERING |

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<input type="checkbox"/> 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
<input type="checkbox"/> 15. GARAGE LIABILITY	\$1,000,000 SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE COMBINED EACH OCCURRENCE
<input type="checkbox"/> 16. GARAGEKEEPER'S LEGAL LIABILITY	\$100,000 EACH OCCURRENCE
<input checked="" type="checkbox"/> 17. BUILDERS RISK/INSTALLATION FLOATER	FULL CONSTRUCTION COSTS OF THE PROJECT
<input type="checkbox"/> 18. BUSINESS PERSONAL PROPERTY COV.	LIMITS EQUALING REPLACEMENT COST OF VENDOR'S PROPERTY
<input type="checkbox"/> 19. SPOILAGE COVERAGE	LIMITS EQUALING REPLACEMENT COST OF VENDOR'S PROPERTY
<input type="checkbox"/> 20. LOSS OF INCOME 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
<input type="checkbox"/> 21. CRIME COVERAGE	

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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