

CITY OF STAMFORD
INSURANCE REQUIREMENTS
Interior Renovations – Family Center School Based Health Clinic
At Turn of River Middle School

The Contractor shall procure and carry the minimum insurance coverages described below:

1. Standard workers' compensation, which complies with all Connecticut workers' compensation statutes and regulations.
2. Employer's liability insurance, which contains limits of liability of not less than \$500,000 each accident, \$500,000 disease policy limit and \$500,000 disease – each employee.
3. Commercial general liability insurance, with a minimum limit of liability of \$2,000,000 combined single limit per occurrence and \$3,000,000 in the aggregate for bodily injury and property damage. Such coverage shall include the following:
 - (a) Products liability and completed operations, which shall be maintained for a period of not less than three (3) years following completion of the services under this Agreement or termination of the Agreement, whichever is later;
 - (b) Contractual liability insurance, which insures any indemnities contained in the Agreement between the Contractor and the City of Stamford;
 - (c) Broad form property damage coverage;
 - (d) Independent Contractors coverage;
 - (e) City of Stamford, Board of Education and their employees, agents and officers designated as additional insureds;
 - (f) Policy shall be underwritten on an occurrence basis.
4. Commercial automobile liability insurance, which contains minimum limits of liability of \$1,000,000 per accident, and contains, at a minimum, the following coverage provisions:
 - (a) Coverage for all owned, non-owned and hired vehicles;
 - (b) City of Stamford, Board of Education and their employees, agents and officers designated as additional insureds.
5. The Contractor will require its subcontractors to maintain insurance coverage which is commensurate with their type and amount of work or services being performed. Contractor shall maintain Independent Contractors endorsement on its commercial general liability policy, or maintain a separate Owners' and Contractors' Protective (OCP) Liability insurance policy.

6. Pollution Legal Liability insurance, with a minimum limit of liability of \$1,000,000, which will protect the Contractor and the City of Stamford from claims arising from pollution releases caused while working on this project. Such policy should be a package policy with General Liability. (not a stand-alone policy or an endorsement to the General Liability policy) Policy cannot exclude losses due to asbestos removal, abatement and its disposal.
7. If any insurance is underwritten on a claims made, as opposed to an occurrence basis, the retroactive date in the policy shall be the earlier of the effective date of the Contractor's construction contract with Family Centers or the date the Contractor commences its services for Family Centers. The policy shall also contain an extended reporting date of not less than three years following termination of the construction contract between the Contractor and Family Centers or conclusion of the services rendered by the Contractor, whichever is later.
8. All insurance required hereunder shall contain waivers of subrogation in favor of the City of Stamford, the Stamford Board of Education, the Stamford Public Schools and their employees, agents and officers. The Contractor shall waive any right of claim, loss or damage against the City of Stamford, the Stamford Board of Education, the Stamford Public Schools and their employees, agents and officers.
9. All insurance policies required under this Agreement shall contain thirty (30) days prior written notice to the City of Stamford's Risk Manager in the event of cancellation, termination or material change to any policy terms or conditions required hereunder.
10. The insurance required hereunder shall in no way serve to limit or reduce the liability of the Contractor to Family Centers per its construction contract.
11. The Contractor shall provide the City of Stamford's Risk Manager with certificates of insurance, which evidence the insurance required hereunder. The Contractor shall provide said Risk Manager with renewal certificates of insurance within 15 days prior to the expiration of the policies. Contractor's failure to renew said certificates of insurance or insurance policies shall not be deemed to be a waiver of the Contractor's obligations to comply with all provisions of these insurance requirements hereunder.

CITY OF STAMFORD
Performance and Payment Bonds
Interior Renovations – Family Center School Based Health Clinic
At Turn of River Middle School

The Contractor shall furnish surety bonds from a licensed surety in the State of Connecticut and acceptable to the City of Stamford. The surety bonds shall be in the form of traditional bonds or in the form of an irrevocable letter of credit drawn on a financial institution acceptable to the City, in amounts stipulated. Said surety bonds shall be for the faithful and proper performance of all persons/corporations performing work towards the acceptable completion of this contract. The face value of the bonds shall be, at a minimum, equal to the total price of the construction contract between the Contractor and Family Centers Inc.

The cost of all such required surety bonds shall be borne entirely by the Contractor. Said surety bonds shall be provided no later than **FIFTEEN (15) Calendar Days** from the executed date of the construction contract between the Contractor and Family Centers Inc.

The performance and payment bonds must both be underwritten by an insurance company licensed to do business in the State of Connecticut and currently listed in the Department of Treasury's Treasury Listing of approved Sureties (**MOST RECENT CIRCULAR**) and rated B+ or better by A. M. Best in the full stipulated amount of the contract.

If a certified check is provided in lieu of the submission of a surety bond or a letter of credit, the City shall deposit said check in a non-interest bearing account and shall be entitled to retain said sum in its accounts through the completion of the work that is the subject of the construction contract between the Contractor and Family Centers, Inc., including extensions thereof. Said sum shall constitute surety for the faithful and proper performance of the contract work. In the event that the Contractor defaults in its performance of the contract work, the City shall be entitled to use said surety funds in its sole discretion to compensate for the Contractor's default. No interest shall be paid on said surety funds regardless of the Term of the Agreement or duration of the work.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ABC Insurance Co. 123 Main Street City, State Zip	CONTACT NAME: Insurance Broker PHONE (A/C, No, Ext): 888-888-8888 E-MAIL ADDRESS: broker@insurance.com	FAX (A/C, No): 555-555-5555
	INSURER(S) AFFORDING COVERAGE	
INSURED Sample Company 456 Sample Company City, State Zip	INSURER A: Insurance Co. 1	NAIC # 11111
	INSURER B: Insurance Co. 2	11112
	INSURER C: Insurance Co. 3	11113
	INSURER D: Insurance Co. 4	11114
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Independent Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	123456789	01/01/2024	12/31/2024	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXX,000						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	123456789	01/01/2024	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
	OCCUR CLAIMS-MADE						AGGREGATE \$
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	123456789	01/01/2024	12/31/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000
	E.L. DISEASE - EA EMPLOYEE \$ 500,000						
	E.L. DISEASE - POLICY LIMIT \$ 500,000						
D	Pollution Liability		X	123456789	01/01/2024	12/31/2024	Occur \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Stamford, Board of Education and their employees, agents and officers designated as additional insureds under commercial general liability and automobile liability. All insurance hereunder are primary, not excess or contributory to any insurance maintained by or on behalf of City of Stamford. Waivers of subrogation in favor of City of Stamford, Board of Education and their employees, agents and officers.

CERTIFICATE HOLDER**CANCELLATION**

City of Stamford 888 Washington Boulevard Stamford, CT 06901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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