

**Insurance is required:**

- Grantee and Sub-Grantee(s), if applicable
- Throughout the contract period
- Certificate Holder listed as:

City of Austin or Austin Public Health  
PO Box 1088  
Austin, TX 78767

**Types and Amounts of Required Insurance**

**Required-- Commercial General Liability**

*General Requirements of All Agencies*

Minimum Bodily Injury and Property Damage = \$500,000 per occurrence

Required Endorsements:

- Waiver of subrogation
- 30-day notice of cancellation
- City of Austin listed as additional insured

*Special Requirements*

Providing eldercare, childcare, or housing for clients requires a minimum \$1,000,000 per occurrence

Services for Minors

If services are being provided to minors outside of the presence of a legal guardian/parent, minimum Sexual Abuse and Molestation = \$500,000 per occurrence

- Endorsement to cover injury to the minor while in Agency/Subgrantee care

**Required-- Business Auto Liability**

*General Requirements of All Agencies*

Minimum combined single limit = \$500,000 per occurrence

Required Endorsements:

- Waiver of subrogation
- 30-day notice of cancellation
- COA listed as additional insured

*Special Requirements*

If any form of client transportation is provided, minimum combined single limit = \$1,000,000 per occurrence

- If no client transportation is provided but autos are used within the scope of work and there are no agency-owned vehicles, evidence of Personal Auto Policy coverage from each person using their auto may be provided. This option is only available for up to 2 employees of an organization and not for volunteers that are part of the service delivery. Approval is contingent upon the City of Austin's Risk Manager.
- The minimum limits for personal auto insurance = \$100,000/\$300,000/\$100,000 -bodily injury per person, bodily injury per accident, and property damage, respectively.

### **Required-- Blanket Crime**

#### *General Requirements of All Agencies*

Other Allowable Terms: Employee Dishonesty/ Theft, Crime Coverage, Fidelity Bond  
Minimum = the amount equal to the sum of all Agreement funds allocated annually by Austin Public Health Department.

### **Required-- Directors and Officers**

#### *General Requirements of All Agencies*

Minimum = \$1,000,000 per claim

- To protect against claims arising from negligent acts, errors, or omissions for directors and officers.

### **Conditionally Required-- Workers' Compensation and Employers' Liability**

*General Requirements of All Agencies if services are provided on City owned or leased property.* If no services are provided on City owned or leased property, an email must be provided to your City of Austin contract manager stating that fact and that should this change for any reason, you will notify your contract manager and provide the required coverage prior to the start of any services provided on City owned or leased property.

Minimum Bodily Injury = \$100,000 each accident

Minimum Bodily Injury by Disease = \$100,000 each employee

Minimum Bodily Injury by Disease = \$500,000 policy limit

Required Endorsements:

- Waiver of subrogation
- 30-day notice of cancellation
- Policy applies to the state of Texas

**Conditionally Required-- Professional Liability**

*General Requirements of All Agencies if through the Agreement Professional Services are being provided. (Examples: Psychologist, Licensed Therapist, etc.)*

Minimum = \$500,000 per claim

To protect against claims from negligent acts, errors, or omissions arising out of the performance of professional services under the Agreement.

**Conditionally Required-- Property Insurance**

*Required if Agreement provides funding for purchase of property or equipment*

Minimum = all risk property and/or equipment in the amount equal to the replacement cost of the property and/or equipment funded by Austin Public Health.

**Requested Statement on All Certificates of Insurance:**

**(This addresses the Additional Insured and Waiver of Subrogation requirements).**

The City of Austin is an Additional Insured on the General Liability and the Auto Liability policies. A Waiver of Subrogation is issued in favor of the City of Austin for General Liability, Auto Liability and Workers Compensation policies.

**(This addresses the Certificate of Insurance form).**

The City of Austin requirement clearly states proof is to be an ACORD Certificate of Insurance (COI) and any agent should be able to readily produce one of these for the insured. (See Fig. 1)

Figure 1.

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) \_\_\_\_\_  
Month/Date/Year

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Insurance Agent Name Street Address or P.O. Box City, State & Zip Code Contact & Phone Number	<b>CONTACT</b> NAME: _____ PHONE (A/C, No, Ext): ( ) - _____ FAX: _____ E-MAIL ADDRESS: name@domain.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Legal Name of Insured shown as EXACT MATCH to City Contract Street or Mailing Address City, State, & Zip	INSURER A: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER F: Name of Insurance Company (if applicable)	Enter NAIC#

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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ACORD Certificates of Insurance (COI) are required to show proof of insurance whether a Business or Personal Auto Coverage Policy. In rare cases, an insurance provider's proprietary form(s) may be accepted in lieu of the ACORD certificate.

## SOCIAL SERVICES INSURANCE REQUIREMENTS



- In the case of providing Personal Auto Insurance Coverage (vs Business) the grantee staff will need to contact the agent and request the issue of a COI as proof of coverage to the City
- APH requires the agency to sign a waiver of Business Auto Coverage in favor of Personal Auto Coverages

### **INVALID form of Insurance Coverage**

APH cannot accept the following as Insurance Coverages as it does not include coverage limit information or is not the correct electronic copy.

- Binders of Insurance
- Auto ID Card
- Insurance Policy Image formats (JPEG, PNG, GIF, TIFF). Image resolution or sizing to maybe compromised.
- Policy number is present (cannot be BLANK; TBD or the word 'Binder' -not allowed)

Austin Public Health  
Insurance Requirements

REQUIREMENTS		Endorsements		
Insurance Types	Minimum Required by City of Austin	Waiver of Subrogation	30 Day Notice of Cancellation	City of Austin listed as Additional Insured
<b>Commercial General Liability</b>				
Minimum Bodily Injury and Property Damage, per occurrence	\$ 500,000	X	X	X
<b>Business Auto Liability</b>				
Minimum Combined Single Limit	\$ 500,000	X	X	X
Personal Auto Coverage for all employees that use their vehicles for agency	\$ 300,000	X	X	X
<b>Blanket Crime</b>				
Minimum is the total amount equal to the sum of all Agreement funds allocated annually by the City	\$			
<b>Directors and Officers, <i>must stay current for 2 yrs after contract end date</i></b>				
Minimum, per claim	\$ 1,000,000			

REQUIREMENTS for Special Circumstances		Endorsements				
Insurance Types	Minimum Required by City of Austin	Waiver of Subrogation	30 Day Notice of Cancellation	City of Austin listed as Additional Insured	Endorsement to Cover Injury	Policy Applies to the State of Texas
<b><i>if providing Eldercare, Childcare or Housing</i></b>						
Minimum Bodily Injury and Property Damage, per occurrence -	\$ 1,000,000	X	X	X		
<b><i>if providing services to minors outside the presence of legal guardian/ parent</i></b>						
Minimum Sexual Abuse and Molestation, per occurrence -	\$ 500,000	X	X	X	X	
<b><i>if providing Client Transportation in any form</i></b>						
Business Auto Liability	\$ 1,000,000	X	X	X		
<b><i>Worker's Compensation and Employer's Liability, if providing services on City property</i></b>						
Minimum Bodily Injury, each accident	\$ 100,000	X	X			X
Minimum Bodily Injury by Disease, each employee	\$ 100,000	X	X			X
Minimum Bodily Injury by Disease, policy limit	\$ 500,000	X	X			X
<b><i>Professional Liability, for Professional Service Providers</i></b>						
Minimum, per claim	\$ 500,000					
<b><i>Property Insurance, if purchasing property/equipment is allowed</i></b>						
Minimum is the total replacement amount of ALL risk property/equipment	\$					