

# Human Services Agency Funding Certificate of Insurance Requirements



The City of Raleigh has insurance requirements for all grant recipients. Therefore, your organization must demonstrate that it has and will maintain the following insurance coverages throughout the 2024-2025 fiscal year:

- In all cases where the grant is \$25,000 or more annually, a **blanket (or position schedule) fidelity bond** must be obtained by the Service Provider for those positions having responsibility for the management of funds. The amount of the bond(s) must be equal to or greater than one-half (1/2) of the City's total appropriation to the Service Provider during the fiscal year. A copy of the Certificate of Insurance documenting the Service Provider's fidelity bond status is to be provided to the City. If the Certificate of Insurance expires prior to the end of the City's fiscal year, it should be renewed and submitted upon receipt of renewal forms to document proof of current bonding status.
- **Commercial General Liability** – Combined single limit of no less than \$1,000,000 each occurrence and \$2,000,000 aggregate. Coverage shall not contain any endorsement(s) excluding nor limiting product/completed operations, contractual liability or cross liability.
- **Commercial Automobile Liability** – Limits of no less than \$1,000,000 combined single limit. Ownership of motor vehicles by your organizations necessitates owned, non-owned and hired automobile coverage. If your organization does not own motor vehicles, you may satisfy this requirement by adding hired and non-owned auto liability coverage by way of endorsement to your commercial general liability policy or as a separate policy.
- **Umbrella or Excess Liability** – Your organization may satisfy the minimum liability limits required above under an umbrella or excess liability policy as long as the annual aggregate limits are not less than the highest “Each Occurrence” limit for required policies above.
- **Workers’ Compensation & Employers Liability** – The North Carolina Workers’ Compensation Act requires that all corporations employing three (3) or more people obtain workers’ compensation insurance with statutory limits and employers liability of no less than \$100,000 each accident. If your organization is not required by North Carolina statute to maintain workers’ compensation insurance (because it has two (2) or fewer employees) and does not have such a policy, the City’s workers’ compensation indemnity agreement must be completed.
- All insurance companies must be authorized to do business in North Carolina and be acceptable to the City’s Risk Manager.

## **Certificate of Insurance must show:**

1. your organization’s legal name exactly;
2. the required insurance policies and their coverage limits;
3. that the City of Raleigh is endorsed as an additional insured on the commercial general liability and the auto liability coverage with the following text – **“City of Raleigh is named additional insured as their interest may appear”**; and
4. that the certificate holder section reads as follows – **“City of Raleigh, Post Office Box 590, Raleigh, NC 27602-0590”**.



# CERTIFICATE OF LIABILITY INSURANCE

HOPSC-2

OP ID: AT

DATE (MM/DD/YYYY)  
08/12/2014

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).

<b>PRODUCER</b> Insurance Agent/Broker Name Insurance Agent/Broker Street Address Insurance Agent/Broker City, State Contact & Phone Number	<b>CONTACT NAME:</b> Name <b>PHONE (A/C. No., Ext):</b> Phone Number <b>E-MAIL ADDRESS:</b> Email Address <b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Name of Insurance Company INSURER B: Name of Insurance Company (if applicable) INSURER C: INSURER D:
<b>INSURED</b> Company Name Company Street Address or P.O. Box Company City, State & Zip Code	NAIC # Enter NAIC# Enter NAIC#

Use Agency Legal Name

Ensure Policy is Active

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN AFFORDED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			Enter Policy #	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJ GENERAL AGGREGATE PRODUCTS - COMP/
A	<b>AUTOMOBILE LIABILITY</b> check all that apply <input checked="" 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			Enter Policy # (if applicable)	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<b>UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$			Enter Policy # (if applicable)	Effective Date	Expiration Date	EACH OCCURRENCE \$ associated limit AGGREGATE \$ associated limit
B	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR OR PARTNER EXCLUDED? Y/N COFFEE/BEVERAGE EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Enter Policy # (if applicable)	Effective Date	Expiration Date	<input checked="" type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> COFFEE/BEV E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			City of Raleigh listed as Additional Insured	Effective Date	Expiration Date	1,000,000

Required Coverage Limits including Blanket Fidelity Bond

City of Raleigh listed as Additional Insured

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (See Schedule, if more space is required)

This must read:  
 The City of Raleigh, its officers, employees, and agents are listed as an additional insured.

**COLOR KEY - COI example form**  
 Yellow: required limits for all events  
 Pink: required limits for parades that have floats or events involving other moving vehicles  
 Green: may be required to meet required limits for GL, AL, EL  
 Blue: required limits for events hiring off-duty Raleigh Police  
 Purple: required limits for events selling/consuming alcohol  
 Other: additional fields may be required or waived, at the discretion of the Risk Management Dept.

**CERTIFICATE HOLDER**

City of Raleigh  
 P.O. Box 590  
 Raleigh, NC 27602

Ensure Certificate Holder Address

**CANCELLATION**

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  
 Signature of authorized representative

WORKER’S COMPENSATION INDEMNITY AGREEMENT

\_\_\_\_\_ is a non-profit which seeks to contract as an independent contractor with the City on a project. \_\_\_\_\_ has fewer than three employees and therefore has told the City of Raleigh that it is not required to and does not carry workers' compensation coverage. The City requires that its independent contractors carry workers' compensation coverage. Rather than obtaining coverage to contract with the City, \_\_\_\_\_ agrees to indemnify and hold the City harmless from any and all claims, damages, losses, or expenses (including attorney's fees) that may be asserted against the City of Raleigh that otherwise might have been covered by workers' compensation insurance. \_\_\_\_\_ hereby covenants not to sue the City of Raleigh and not to assert a claim against the City for any matter that otherwise might have been covered by workers' compensation insurance.

This provision is a part of and integral to the contract for \_\_\_\_\_.

\_\_\_\_\_  
(Type name here)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Sworn to and subscribed before me  
this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: