Insurance Requirements for LA28 (Resilience Champions) Grant Applicants

Dear Applicant,

Thank you for submitting your grant application to the LA28 Resilient Champions Grant. To prepare for next steps, selected applicants should be ready to provide a current Certificate of Insurance (COI), demonstrating compliance with funder insurance requirements. The required endorsements and amounts (*shown below*) are the minimum coverage levels if selected for funding.

Insurance Coverage Requirements

Coverage Type	**Minimum Required Limit**
Comprehensive or Commercial Liability	$1,000,000 per occurrence
Professional Liability	Minimum $1,000,000 per aggregate
Products/Completed Operations	$2,000,000 aggregate
Personal and Advertising Injury	$1,000,000
General Aggregate	$2,000,000
Auto Liability, if applicable	$1,000,000 per occurrence
Worker's Compensation	$1,000,000 per occurrence

Additional Insured Endorsement Requirements

In addition to the COI, please provide a copy of the following insurance endorsement.

- Additional insured endorsement naming **Community Partners and LA28** as Additional Insured for ongoing and completed operations.

Notes for Applicants

Applicants are encouraged to contact their insurance broker or carrier as early as possible to confirm whether their existing coverage meets these requirements and to add any additional endorsements as needed. This will help ensure timely processing of your grant application, so we can issue payments quicker.

See below for a sample COI certificate and additional insured endorsement – please share with your broker!

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/10/2023

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).

Insurance Company Name
Address ABC 123 Street
Los Angeles, CA 12345

Ensure all Insurers and their NAIC #'s are listed.

CONTACT NAME:
PHONE: 818 123 1234 FAX: 818 123 1234
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Insurance A	123456
INSURER B : Insurance B	ABC12345
INSURER C : Insurance C	123456
INSURER D :	

ABCDE-02

Nonprofit Organization Name ABC
Address 12345 ABCD Street
Los Angeles, CA 12345

Ensure all insurance policies are up to date & meet the minimum coverage amounts:

General Aggregate: $2 million
Products – Comp/OP AGG: $2 million
Personal & Adv Injury: $1 million
Auto Liability: $1 million
Worker's Comp: $1 million per Statue

Professional Liability: $1 million per Statue

COVERAGES **CERTIFIC** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF I… RED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIRI… R DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTA… ED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLIC… S.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ABCD123456	6/1/2022	6/1/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:						Deductible	$ $0
A	AUTOMOBILE LIABILITY			ABCD123456	6/1/2022	6/1/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			ABCD123456	6/1/2022	6/1/2023	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ABCD123456	10/1/2022	10/1/2023	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N / A						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	Cyber Liability			ABCD123456	6/1/2022	6/1/2023	Per Occurrence / Aggregate Limit	3,000,000 / 3,000,000

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

Program Name: LA28 Grant No. I01031-LA28RF-CG2510

CERTIFICATE HOLDER

Community Partners & LA28
1000 N Alameda Street, Suite #240
Los Angeles, CA 90012

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

POLICY NUMBER: ABC123456

Ensure there is a 'Policy Number', and 'General Liability' noted on the top header

COMMERCIAL GENERAL LIABILITY
AB 12 34 56

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Community Partners **1000 N Alameda Street, Suite #240 Los Angeles, CA 90012** **LA28** **1150 S. Olive Street 7th Floor Los Angeles CA 90015**
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.