



STANDARD INSURANCE REQUIREMENTS

In conjunction with the execution of this Agreement, Consultant shall provide evidence of worker's compensation, general liability and automobile insurance to ABI to cover the acts and omissions of Consultant and Consultant's principals, employees and agents, and any sub-contractor in rendering the Services within the scope of and in compliance with this Agreement. Consultant shall at all times during the term of this Agreement maintain the above insurance policies consistent and in full compliance with the following requirements or their equivalent, where applicable (the "Insurance Requirements"):

Required Insurance Coverage

1. Commercial / General Liability Insurance:
 - a. Coverage:
 - \$1,000,000 - Each occurrence for bodily injury and property damage
 - \$2,000,000 – Aggregate
 - b. Additional Coverage must apply:
 - 2013 or later ISO Commercial General Liability Form
 - Dedicated Limits per Project Site or Location (CG 25 03 or CG 25 04)
 - Additional Insured Endorsement CG2010 04 13 and CG2037 04 13.
 - Blanket Contractual Liability (included in 1986 or later forms).
 - Broad Form Property Damage (included in 1986 or later forms).
 - Severability of Interest (included in 1986 or later forms).
 - Personal Injury (deleting both contractual and employee exclusions).
 - Incidental Medical Malpractice.
 - Waiver of Subrogation in favor of Atlanta Beltline, Inc.
 - Primary and Non-Contributory wording.
2. Automobile Liability Insurance:
 - a. \$1,000,000 - Combined single limit of liability per accident for bodily injury and property damage.
 - b. Commercial form covering owned, non-owned, leased, hired and borrowed vehicles.
 - c. Additional Insured Endorsement
 - d. Waiver of Subrogation Endorsement
3. Professional Liability Insurance:
 - a. \$2,000,000 - Each occurrence
 - b. \$4,000,000 - Aggregate.

Additional Insurance Requirements:

1. Additional insureds on the Commercial General Liability and Auto Liability Insurance policies shall be shown as: Atlanta Beltline, Inc., the City of Atlanta, and Invest Atlanta.
2. Statutory Worker's Compensation Insurance including waiver of subrogation in favor of Atlanta Beltline, Inc.
3. Contractual Liability, subject to Policy Term, Conditions and Exclusions.
4. Insurance company must be authorized to do business in the State of Georgia.
5. The cancellation provision should provide 30 days' notice of cancellation (10 days' notice for cancellation due to non-payment of premium).
6. Insurance Company, except Worker's Compensation carrier, must have an A.M. Best Rating of A- VII or higher. Certain Worker's Comp funds may be acceptable by the approval of ABI. European markets including those based in London and domestic surplus lines markets that operate on a non-admitted basis are exempt from this requirement provided that the Consultants' broker/agent can provide financial data to establish that a market is equal to or exceeds the financial strengths associated with the A.M. Best's rating of A- VII or better. Insurance Company must be authorized to do business by the Georgia Department of Insurance.
7. Certificates of Insurance, and any subsequent renewals, must reference specific bid/contract by project name and if applicable, project/bid number.
8. Consultant shall agree to provide redacted copies of current insurance policy (ies) if requested to verify the compliance with these insurance requirements. The General Liability and Auto Liability Insurance policies required to be provided by Consultant will be primary over any insurance program carried by ABI.
9. Consultant shall require all policies of insurance that are in any way related to the services provided and that are secured and maintained by Consultant and all subcontractors to include clauses providing that each underwriter shall waive rights of recovery, under subrogation or otherwise, against ABI, IA, the City, and their officers, officials, employees, consultants, separate Contractors, and subcontractors.
10. Consultant waives all rights of recovery against ABI, IA, the City, and their officers, officials, employees, separate consultants, and all subcontractors which Consultant may have or acquire because of deductible clauses in or inadequacy of limits of any policies of insurance that are in any way related to the services provided, and that are secured and maintained by Consultant.
11. Consultant shall require all subcontractors to waive their rights of recovery (as aforesaid waiver by Consultant) against ABI, IA, the City, and their officers, officials, employee and volunteers, consultants, separate contractors, and other subcontractors (including subcontractors of separate contractors).

Example Certificate of Liability Insurance (COI)

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	CONTACT NAME:
Insurance Company Name	PHONE (A/C. No. Ext):
	FAX (A/C. No):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	NAIC #
INSURED	INSURER A:
Your name and contact information	INSURER B:
	INSURER C:
	INSURER D:
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000.00 Required
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	☐ CLAIMS-MADE ☒ OCCUR	X	X				MED EXP (Any one person) \$ TBD
	☐ Broad Form Property Damage						PERSONAL & ADV INJURY \$ TBD
	☐ Blanket Contractual						GENERAL AGGREGATE \$ 2,000,000.00 Required
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ TBD
	☐ POLICY ☐ PRO-JECT ☐ LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 Required
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS	X	X				BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	☐ SCHEDULED AUTOS						\$
	☐ NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	☐ EXCESS LIAB						AGGREGATE \$
	☐ OCCUR						\$
	☐ CLAIMS-MADE						\$
	☐ DED ☐ RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ WC STATU-TORY LIMITS ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	☐ N / A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
	PROFESSIONAL LIABILITY						EACH OCCURRENCE 2,000,000.00 Required
							AGGREGATE 4,000,000.00 Required

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

The Certificate Holder is Atlanta Beltline, Inc., the City of Atlanta, and Invest Atlanta.. A Waiver of Subrogation applies in favor of this Certificate Holder on the following policies: General Liability. This Certificate Holder is an Additional Insured on the General Liability policy on a primary and non-contributory basis. This Certificate Holder is an Additional Insured on the General Liability policy with respect to ongoing operations. This Certificate Holder is an Additional Insured on the General Liability policy with respect to completed operations. This Certificate Holder will receive at least 30 days prior written notice of cancellation, for any reason including for nonpayment, of any of the following policies: General Liability. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

Atlanta Beltline, Inc., the City of Atlanta, and Invest Atlanta.
100 Peachtree St NW Ste 2300
Atlanta, GA 30303

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