



### Insurance Instructions for Grantees

To execute any grant agreements and to authorize any grant payment to an organization, proof of insurance during the grant window and/or approved waivers are required.

Insurance certificates must include the following:

1. **General Liability Insurance:** Coverage of not less than \$1 million per occurrence, \$2 million annual aggregate. Certificates **must include an endorsement page** naming “The City & County of San Francisco, its officers, agents, and employees” as additional insured and “City & County of San Francisco, Grants for the Arts, Attn: Director, 401 Van Ness Ave, Suite 321, San Francisco, CA 94102”.
  - General liability coverage cannot be waived. However, grantees can meet this requirement by either of the following:
    - Purchasing Special Event Insurance for any public events associated with the grant project (see requirements above).
    - Obtaining a General Liability Insurance certificate from their host venue, which adds the grantee and event to the host’s policy by endorsement.
      - If you are fulfilling general liability coverage through your host venue’s insurance or special event insurance, you will need to submit the proof of insurance.
    - Both special event and insurance through a host venue must include an additional insured endorsement page naming “The City & County of San Francisco, its officers, agents, and employees” as additional insured and “City & County of San Francisco, Grants for the Arts, Attn: Director, 401 Van Ness Ave, Suite 321, San Francisco, CA 94102”.
  - Grantees working with vulnerable populations (minors and elderly) are required to have Abuse & Molestation coverage as part of their general liability policy, listed directly on the certificate of insurance. In addition, you must provide proof of this coverage through an attached endorsement page that references policy limits for Abuse & Molestation coverage.
2. **Workers’ Compensation insurance:** Workers’ Compensation, in statutory amounts, with Employers’ Liability limits not less than \$1,000,000 each accident, injury, or illness.
  - Waiver of Subrogation: This is required of any grantee doing work on City owned property, including parks. The Workers’ Compensation policy (ies) shall be endorsed with a waiver of

subrogation in favor of the City for all work performed by the Grantee, its employees, agents and subcontractors.

- Workers' Compensation insurance may be waived if the grantee does not have employees as defined by California Labor Code
3. **Auto insurance:** Automobile Liability Insurance with limits not less than \$300,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable. Certificates **must include an endorsement page** naming "The City & County of San Francisco, its officers, agents, and employees" as additional insured and "City & County of San Francisco, Grants for the Arts, Attn: Director, 401 Van Ness Ave, Suite 321, San Francisco, CA 94102".
- Auto insurance may be waived if the grantee will not be using a vehicle for the purposes of the grant.

## Sample Certificate of Insurance

This is a sample of the Certificate of Insurance and Additional Insured Endorsements. These are standard insurance industry forms, and your broker should be aware of them. Grantees must submit the Certificate of Insurance and Additional Insured Endorsements with the required insurance coverages prior to executing a grant agreement and/or disbursing grant funds.

Please review these forms and the insurance portion of the grant agreement with your insurance broker for assurance that the mandatory types and limits of insurance coverages are available or already in place. All grantees must provide evidence of insurance within an allotted time. If you fail to provide the Certificate of Insurance and Additional Insured Endorsements, your grant may be voided.

Please note that the attached Certificate reflects the standard types and limits of insurance the City requires most often, the requirements of each grant may differ, in which case the grant's specific requirements shall prevail. Please be certain you and your insurance broker review the insurance requirements of the grant agreement carefully.

If you and/or your broker have any questions concerning our insurance requirements, please contact Grants for the Arts at [gfta@sfgov.org](mailto:gfta@sfgov.org) or (415) 554-6710.

CERTIFICATE OF INSURANCE					ISSUE DATE	
PRODUCER:		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND DOES NOT ALTER THE EXTENT OF ANY OTHER COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED:		COMPANIES AFFORDING COVERAGE				
		COMPANY LETTER A				
		COMPANY LETTER B				
		COMPANY LETTER C				
		COMPANY LETTER D				
COVERAGES AND LIMITS						
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 LIMITATIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	DESCRIPTION	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIAB. <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTORS PROF.				GENERAL AGGREGATE PROD-COMPOF AGG. FRS & ADV. INURY EACH OCCURRENCE FIRE DAMAGES (EXCL. THEO) MEDICAL EXPENSE (EXCL. THEO)	\$2 million \$1 million \$1 million \$1 million
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE PERM BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	\$1 million
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	
	<input type="checkbox"/> WORKERS' COMPENSATION AND <input type="checkbox"/> EMPLOYEE'S LIABILITY				<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	\$1 million \$1 million \$1 million
	OTHER INSURANCE					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: (1) Additional Insureds: City and County of San Francisco, its officers, employees and agents. (Endorsement required) (2) Liability insurance is primary and applies separately to each insured, except with respect to limits of liability. (Endorsement required) (3) Endorsement must be attached with the Certificate.						
NAME AND ADDRESS OF CERTIFICATE HOLDER:  City and County of San Francisco Department Name Attn: Address City, State, Zip Code			CANCELLATION:  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL NOTIFY YOU BY MAIL. 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAKE SUCH NOTICE SHALL IMPROVE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. (See contract requirements for any changes to this Section.)			
			AUTHORIZED REPRESENTATIVE:			

COMPANY NAME:  
NAMED INSURED:  
POLICY NUMBER:

THE ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY

### ADDITIONAL INSURED — PRIMARY COVERAGE

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL AUTOMOBILE LIABILITY**

#### SCHEDULE

NAME OF PERSON OR ORGANIZATION:

CITY AND COUNTY OF SAN FRANCISCO, ITS OFFICERS, EMPLOYEES AND AGENTS.

**WHO IS AN INSURED (SECTION II)** IS AMENDED TO INCLUDE AS AN INSURED THE PERSON OR ORGANIZATION SHOWN IN THE SCHEDULE, BUT ONLY WITH RESPECT TO THE LIABILITY ARISING OUT OF "YOUR WORK" FOR THAT INSURED BY OR FOR YOU.

FURTHERMORE, THE FOLLOWING IS ADDED TO SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS PARAGRAPH 4. OTHER INSURANCE

**4. OTHER INSURANCE**

- d) THIS INSURANCE IS PRIMARY FOR THE PERSON OR ORGANIZATION SHOWN IN THE SCHEDULE, BUT ONLY WITH RESPECTS TO LIABILITY ARISING OUT OF OUR WORK FOR THAT INSURED BY OR FOR YOU. OTHER INSURANCE AFFORDED TO THAT INSURED WILL APPLY AS EXCESS AND NOT CONTRIBUTE AS PRIMARY TO THE INSURANCE AFFORDED BY THIS ENDORSEMENT.

(INSERT OTHER ENDORSEMENT ITEMS AS REQUIRED BY THE CONTRACT.)

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.