

## Insurance Requirements for Grantees

If you are awarded funds, Grants for the Arts will need complete and current **Certificates of Insurance** (COI) and **Additional Insured Endorsements** (Endorsements) to get a grant.

### For the COIs and Endorsements

- Your organization needs to have enough insurance coverage:
  - \$1 million of Commercial General Liability insurance
  - \$1 million of Automobile Liability
  - \$1 million of Workers Compensation
  - Day of Event Only insurance may be an option—email [gfta@sfgov.org](mailto:gfta@sfgov.org) for information
- Your endorsements must include the language “City and County of San Francisco, Its Officers, Employees, and Agents.” See the highlighted language in the sample on page 3.

### What to do if you are awarded

1. Review the COI and Endorsement example here
2. Contact your insurance broker
  - a. Check that you have the mandatory types and limits of insurance coverages.
  - b. Share this example with them so they know what you need—your insurance broker must include the information highlighted in yellow in the sample
  - c. You may have to buy more insurance to cover your proposal

### Contact

If you or your broker have questions about the insurance requirements, email [gfta@sfgov.org](mailto:gfta@sfgov.org).

### Waivers

If you need to request a waiver for any of the insurance coverages, visit [Forms/Links - San Francisco Grants for the Arts \(sfgfta.org\)](#) or email a request to [gfta@sfgov.org](mailto:gfta@sfgov.org). You can request waivers in these conditions:

- General Commercial Liability – If your organization does not rent, own or occupy physical space.
- Automobile Liability – If your organization does not own vehicles or your team doesn’t use personal vehicles for the work you do.
- Workers Compensation – If your organization has zero persons on payroll.

### Insurance and Endorsement Samples

- An example of the COI and Endorsements with required language and coverage amounts is included on pages 2 and 3. The samples show the coverage minimums.
- Share this sample with your Insurance Broker so they know what is required.

**DISCLAIMER:** Though this sample provides an overview of what the COI and Endorsement(s) should include, there are distinctions that may apply. GFTA will advise individual organizations if other requirements apply.

# CERTIFICATE OF INSURANCE

**ISSUE DATE:**

**PRODUCER:**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER OTHER COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER A	
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	

**INSURED:**

## 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 CONDITIONS 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
	<p><b>GENERAL LIABILITY</b></p> <p><input checked="" type="checkbox"/> <b>COMM. GENERAL LIAB.</b></p> <p><input type="checkbox"/> CLAIMS MADE</p> <p><input checked="" type="checkbox"/> <b>OCCURRENCE</b></p> <p><input type="checkbox"/> OWNER'S &amp; CONTRACT'S PROT</p>				GENERAL AGGREGATE PROD-COMP/OP AGG. PERS & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (One Fire) MEDICAL EXPENSE (One Per)	<b>\$1 million</b>
	<p><b>AUTOMOBILE LIABILITY</b></p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p> <p><input type="checkbox"/> GARAGE LIABILITY</p>	<p>NOTE: if 'ANY AUTO' or 'ALL OWNED AUTOS' is used, an Auto Endorsement is required with the same language highlighted in the General Liability Endorsement attached.</p>			COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	<b>\$1 million</b>
	<p><b>EXCESS LIABILITY</b></p> <p><input type="checkbox"/> UMBRELLA FORM</p> <p><input type="checkbox"/> OTHER THAN UMBRELLA FORM</p>				EACH OCCURRENCE AGGREGATE	
	<p><b>WORKERS' COMPENSATION</b></p> <p>AND</p> <p>EMPLOYER'S LIABILITY</p>				<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	<b>\$1 million</b>
	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  
 Dr. Carlton B. Goodlett Place  
 San Francisco, CA 94102

**CANCELLATION:**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE 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:**

**(Signature required)**

**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.