

EXHIBIT C

INSURANCE REQUIREMENTS

[attached]

INSURANCE REQUIREMENTS

(FOR INFORMATION ONLY – DO NOT RETURN THIS PAGE TO HACLA)

Name: _____ Date: _____

Agreement/Reference: _____

Evidence of coverages checked having as a minimum the limits shown must be submitted and approved prior to occupancy/start of operations. Certificates of Insurance will be acceptable for Workers Compensation and Professional Liability. **Contractor to provide HACLA with Endorsements for General Liability and Automobile Liability, naming the Housing Authority of the City of Los Angeles 2600 Wilshire Boulevard Los Angeles, CA 90057 as Additional Insured.** Amounts shown are Combined Single Limit ("CSL"). Split limits may be submitted if the total per occurrence equals or exceeds the CSL amount. Prime Contractor may be required to provide a Certified Copy of the General Liability Policy for all construction jobs.

All policies shall have an A.M. Best rating of "B+" or higher. All policies shall be with an "Admitted" carrier by the California Insurance Commissioner's Office. The HACLA Risk Manager must clear exceptions in advance of Notice to Proceed by HACLA.

() Workers' Compensation (statutory)/Employer's Liability: **\$ 1,000,000 (with no exclusions for lead or asbestos)**

() **Comprehensive General Liability \$ 2MM**

- () Premises and Operations
- () Contractual Liability, Oral and Written
- () Independent Contractors
- () Products/Completed Operations
- () Broad Form Property Damage Incl. Completed Operations
- () Personal Injury, Excl. C, deleted
- () Broad Form Liability Endorsement
- () Fire Legal Liability : \$100,000 per occurrence

() **Automobile Liability: \$ 500,000**

- () Owned Automobiles
- () Non-Owned/Hired Automobiles
- () Garage keeper's Legal Liability
- () Explosion hazard
- () Collapse/Underground Hazard

() **Environmental Liability**

() **Law Enforcement** liability with an Intentional Acts endorsement.

() **Professional Liability** (Errors & Omissions) \$ _____ () Retroactive Date: _____
Discovery Period: _____ 18 months

() **Property Insurance** _____

- _____ % Co-Insurance () Actual Cash Value
- () All Risk Coverage
- () Fire and Extended Coverage
- () Vandalism & Malicious Mischief
- () Flood \$ _____
- () Earthquake \$ _____

- () Builders Risk \$ [Value of Contract]
- () Replacement Value () Agreed Amount
- () Boiler & Machinery
- () Debris Removal
- () Sprinkler Leakage
- () Windstorm
- () Builders Risk

() **Crime Insurance** \$ _____

Housing Authority of the City of Los Angeles

☐ Comprehensive Dishonesty, Disappearance, & Destruction ☐ Blanket Crime
☐ Fidelity Bond \$ _____
☐ Blanket Position ☐ Commercial Blanket ☐ _____

☐ **Owner's Protective Liability** \$ _____
☐ Non-Aggregated Umbrella Policy over: _____

NOTES: ALL CONTRACTORS AND SUB-CONTRACTORS MUST PROVIDE CERTIFICATES OF INSURANCE WHEREBY HACLA IS TO BE NAMED AS AN ADDITIONAL INSURED BY SUB-CONTRACTORS. SUB-CONTRACTORS SHALL PROVIDE EVIDENCE OF COVERAGE HAVING THE MINIMUM LIMITS, AS SHOWN BELOW:

Workers' Compensation (statutory)/	
Employer's Liability not less than:	\$1,000,000 (with no exclusion for lead or asbestos)
General Liability not less than:	\$1,000,000 (per occurrence)
Automobile Liability not less than:	\$1,000,000

INSURANCE INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING, EXECUTING AND SUBMITTING EVIDENCE OF INSURANCE TO THE HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

Insured: _____
(Contractor, Lessee, Permittee, etc.)

Date: _____

Agreement/Reference: BID NO. XXXX – GROUND LEASE

A. INSURED

1. In order to reduce problems and time delays in providing evidence of insurance to HACLA you are requested to give your insurance agent or broker a copy of the Insurance Requirements Sheet (Form Gen. 146) along with these instructions/endorsement forms for completing, executing, and submitting evidence of insurance.
2. If the agreement requires Workers' Compensation coverage and you have been authorized by the State of California to self-insure Workers' Compensation, then a copy of the certificate from the State authorizing self-insurance for Workers' Compensation shall meet the requirements for Workers' Compensation insurance covering activities within the State of California.
3. All questions relating to insurance should be directed to the department or office responsible for your contract, lease, permit, or other agreement.

B. INSURANCE AGENT OR BROKER

1. The appropriate Endorsement Form shall be used. No changes in the terms of the attached Endorsement Forms will be permitted. Certificates of Insurance alone will not be accepted by HACLA.
2. More than one insurance policy may be required to comply with the insurance requirements. Endorsement forms appropriate to your insured's agreement, contract, lease or permit are included.
3. You shall have an authorized representative of the insurance company sign the completed endorsement forms and note his/her phone number at the bottom of page 1 and have said representative transmit the forms and certified copies of the insurance policies to HACLA. Signatures must be originals as HACLA will not accept facsimile (rubber stamp, photocopy, etc.) or initial signatures.

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4. The name of the Insurance Company underwriting the coverage and its address shall be noted on page 2 of the endorsement form.
5. The "General description of agreement(s) and/or activity(s) insured" shall include reference to the activity and/or to either the specific HACLA contract number, lease number, permit number or construction approval number.
6. The coverages and limits for each type of insurance are specified on the insurance requirements sheet. When coverage is on a scheduled basis, then a separate sheet is to be attached to the endorsement listing such scheduled locations, vehicles, etc. so covered.
7. Endorsements to excess policies will be required when primary insurance is insufficient in complying with HACLA requirements.
8. If there is insufficient space on the form to note pertinent information, such as inclusions, exclusions or specific provisions, etc., a separate sheet may be attached.
9. When additional sheets are attached, change the number of pages at the bottom of the form.
10. Completed Endorsement(s) and questions relating to the required insurance are to be directed to:

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

ADDRESS CANCELLATION NOTICE AND ISSUE ENDORSEMENT TO:

INSURANCE DEPARTMENT
RISK MANAGER
2600 Wilshire Boulevard, 5th Floor
Los Angeles, CA 90057

AND Howard Baum
Senior Staff Attorney
2600 Wilshire Boulevard, Third Floor
Los Angeles, CA 90057

11. Improperly completed Endorsements will be returned to your insured for correction by an authorized representative of the insurance company.
12. DELAY IN SUBMITTING PROPERLY COMPLETED ENDORSEMENT FORMS MAY DELAY YOUR INSURED'S INTENDED OCCUPANCY OR OPERATION UNDER AGREEMENT WITH HACLA.
13. For extensions or renewals on insurance policies which have HACLA Endorsement Form(s) attached, HACLA will accept a copy of the endorsement (with the original signature) to extend the period of coverage as evidence of continued coverage.

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