

Exhibit "A" INSURANCE REQUIREMENTS

Notice: PHCSA must provide a certificate of insurance and endorsement in accordance with the insurance requirements and procedures listed below.

- a) The PHCSA current Certificate(s) of Insurance in accordance with the insurance requirements listed below. If PHCSA does not currently meet insurance requirements verification from their broker or agent that any required insurance not provided at that time of execution will be in place prior to commencement of work.
- b) Prior to commencement of work, PHCSAs shall email their certificate of Insurance to InsuranceCerts@Pinellascounty.org. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s). **A copy of the endorsement(s) referenced in paragraph d) for Additional Insured shall be attached to the certificate(s) referenced in this paragraph.**
- c) No work shall commence unless and until the required Certificate(s) of Insurance are received and approved by the County. Approval by the County of any Certificate(s) of Insurance does not constitute verification by the County that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate(s) of Insurance is in compliance with the requirements of the Agreement. County reserves the right to require a certified copy of the entire insurance policy, including endorsement(s), at any time during the Term of the Agreement.
- d) If any insurance provided pursuant to the Agreement expires prior to the completion of the Work, renewal Certificate(s) of Insurance and endorsement(s) shall be furnished by the PHCSA to the County at least thirty (30) days prior to the expiration date.
 - (1) PHCSA shall also notify County within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said PHCSA from its insurer. Notice shall be given by certified mail to: **Pinellas County Risk Management 400 South Fort Harrison Ave Clearwater FL 33756**; Nothing contained herein shall absolve PHCSA of this requirement to provide notice.
 - (2) Should the PHCSA, at any time, not maintain the insurance coverages required herein, the County may terminate the Agreement the County, at its sole discretion, may purchase such coverages necessary for the protection of the County and charge the PHCSA for such purchase or offset the cost against amounts due to PHCSA for services completed. The County shall be under no obligation to purchase such insurance, nor shall it be responsible for the coverages purchased or the insurance company or companies used. The decision of the County to purchase such insurance shall in no way be construed to be a waiver of any of its rights under the Agreement.
- e) The County reserves the right, but not the duty, to review and request a copy of the PHCSA most recent annual report or audited financial statement when a self-insured retention (SIR) or deductible exceeds \$50,000.

Exhibit "A" INSURANCE REQUIREMENTS

- f) If subcontracting is allowed under the terms of the Agreement, the PHCSA shall obtain and maintain, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth; and require any sub-PHCSA to obtain and maintain, at all times during its performance of the Agreement, insurance limits as it may apply to the portion of the Work performed by the sub-PHCSA; *but in no event will the insurance limits be less than \$500,000 for Workers' Compensation/Employers' Liability, and \$1,000,000 for General Liability and Auto Liability if required below.*
- (1) All subcontracts between PHCSA and its sub-PHCSA shall be in writing and may be subject to the County's prior written approval. Further, all subcontracts shall:
- (a.) Require each sub-PHCSA to be bound to PHCSA to the same extent PHCSA is bound to the County by the terms of the Agreement, as those terms may apply to the portion of the Work to be performed by the sub-PHCSA;
 - (b.) Provide for the assignment of the subcontracts from PHCSA to the County at the election of Owner upon termination of the Agreement;
 - (c.) Provide that any Party listed in (h)(3) below will be an additional indemnified party of the subcontract;
 - (d.) Provide that any Party listed in (h)(3) below will be an additional insured on all insurance policies required to be provided by the sub-PHCSA except workers compensation and professional liability;
 - (e.) Provide waiver of subrogation in favor of any Party listed in (h)(3) below and other insurance terms and/or conditions as outlined below;
 - (f.) Assign all warranties directly to the County; and
 - (g.) Identify the County as an intended third-party beneficiary of the subcontract.
- (2) PHCSA shall make available to each proposed sub-PHCSA, prior to the execution of the subcontract, copies of this Agreement to which the sub-PHCSA will be bound by same requirements and identify to the sub-PHCSA any terms and conditions of the proposed subcontract which may be at variance with the Agreement.
- g) The PHCSA shall obtain and maintain at all times during its performance of the agreement, insurance of the types and in the amounts set forth. For projects with a Completed Operations exposure, PHCSA shall maintain coverage and provide evidence of insurance for two (2) years beyond final acceptance. All insurance policies shall be from companies Licensed to do business in the State of Florida and have an AM Best rating of A- VIII or better.
- h) Each insurance policy and/or certificate shall include the following terms and/or conditions:
- (1) The Named Insured on the Certificate of Insurance and insurance policy must match the entity's name that responded to the solicitation and/or is signing the agreement with the County. If responding PHCSA is a Joint Venture as outlined in the solicitation the certificate of Insurance and Named Insured must show Joint Venture Legal Entity name and the Joint Venture must comply with the same requirements with regard to limits, terms and conditions, including completed

Exhibit "A" INSURANCE REQUIREMENTS

operations coverage.

- (2) Any company issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of awarded PHCSA.
- (3) All policies providing liability coverage(s), other than professional liability and workers compensation policies, obtained by the PHCSA and any sub-PHCSAs to meet the requirements of the Agreement shall be endorsed to include Pinellas County, a Political Subdivision of the State of Florida as an Additional Insured. Indicating coverage on certificate boxes is not adequate. A copy of the actual endorsement or policy declaration page indicating such coverage must be submitted along with Certificate.
- (4) The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.
- (5) The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by County or any such future coverage, or to County's Self-Insured Retentions of whatever nature.
- (6) All policies shall be written on a primary, non-contributory basis.
- (7) Any Certificate(s) of Insurance evidencing coverage provided by a leasing company for either workers compensation or commercial general liability shall have a list of covered employees certified by the leasing company attached to the Certificate(s) of Insurance. The County shall have the right, but not the obligation to determine that the PHCSA is only using employees named on such list to perform work for the County. Should employees not named be utilized by PHCSA, the County, at its option may stop work without penalty to the County until proof of coverage or removal of the employee by the contractor occurs, or alternatively find the PHCSA to be in default and take such other protective measures as necessary.
- (8) Insurance policies, other than Professional Liability, shall include waivers of subrogation in favor of Pinellas County from both the PHCSA and sub-PHCSA(s). Indicating such coverage on certificate is not adequate. A copy of the actual endorsement or policy declaration page indicating such coverage must be submitted along with Certificate.
- (9) For acceptance of any coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of required limits per occurrence by line of coverage
 - i) The minimum insurance requirements and limits for this agreement, which shall remain in effect throughout its duration and for two (2) years beyond final acceptance

Exhibit "A" INSURANCE REQUIREMENTS

for projects with a Completed Operations exposure, are as follows:

(1) Workers' Compensation Insurance

Limit Florida Statutory

Employers' Liability Limits

Per Employee	\$500,000
Per Employee Disease	\$500,000
Policy Limit Disease	\$500,000

(2) Commercial General Liability Insurance including, but not limited to, Independent Contractor, Contractual Liability Premises/Operations, Products/Completed Operations, and Personal Injury.

Limits

Combined Single Limit Per Occurrence	\$1,000,000
Products/Completed Aggregate	\$2,000,000
Personal and Advertising Injury General	\$1,000,000
Aggregate	\$2,000,000

(3) Property Insurance PHCSA will be responsible for all damage to its own property, equipment and/or materials.