

◆ THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS ◆

<p>Encroachment & Restrictive Covenant Agreements</p> <p>Cover Sheet</p> <p>For</p> <p>Evidencing Insurance to the City of Coral Gables</p>	<p>Legal Name of (Individual or Company) executing agreement: _____</p> <p>Insurance is being submitted for a Commercial Property (circle one): YES or NO Insurance is being submitted for a Residential Property (circle one): YES or NO</p> <p>Without limiting "OWNER" and/or "TENANT" indemnification obligation of the CITY, and during the term of this Agreement, "OWNER" and/or "TENANT" shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the "CITY" and shall be primary to and not contributing with any other insurance or self-insurance program maintained by the "CITY". Certificates or other evidence of coverage shall be delivered via email, fax or US mail to;</p> <p>Certificate Holder should read: City of Coral Gables Insurance Compliance PO Box 100085-CE Duluth, GA 30096</p> <p>Email address: cityofcoralgables@ebix.com</p> <p>Such certificates or other evidence of coverage shall be delivered prior to the approval of this Agreement, and shall contain the express condition that the "CITY" is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>				
<p>Insurance Requirements</p> <p>For</p> <p>Commercial Properties</p>	<p>Commercial Properties are required to evidence the following Insurance to the City;</p> <table border="0"> <tr> <td><u>Insurance Coverage Type</u></td> <td><u>Limit of Liability Required</u></td> </tr> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000 Aggregate \$2,000,000</td> </tr> </table> <ul style="list-style-type: none"> All insurance policies evidenced to the City shall name the City of Coral Gables as an Additional Insured on a Primary and Non-contributory basis. All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables. All insurance companies providing coverage must have an A.M. Best rating of at least (A-/VI) or an equivalent rating given by a recognized rating agency. <p>When evidencing insurance to the City, the following documents must be provided;</p> <ol style="list-style-type: none"> This Cover Sheet with all of the questions above answered. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured on a primary and non-contributory basis including a Waiver of Subrogation in favor of the City. A copy of the Endorsements evidencing that Additional Insured status has been provided to the City and that this coverage has been provided on a Primary & Non-Contributory Basis. A copy of the Waiver of Subrogation Endorsements for each line of coverage required. 	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Commercial General Liability	Each Occurrence \$1,000,000 Aggregate \$2,000,000
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<p>Insurance Requirements</p> <p>For</p> <p>Residential Properties</p>	<p>Residential Properties are required to evidence the following Insurance to the City;</p> <table border="0"> <tr> <td><u>Insurance Coverage Type</u></td> <td><u>Limit of Liability Required</u></td> </tr> <tr> <td>Personal Liability Insurance</td> <td>Each Occurrence \$300,000</td> </tr> </table> <p>Individuals evidencing insurance must provide the following documents to the City;</p> <ol style="list-style-type: none"> This Cover Sheet with all of the questions above answered. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured. <p>City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Personal Liability Insurance	Each Occurrence \$300,000
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