FOR INTERNAL USE ONLY Insurance Requirements Form

Form Status:



* Requesting Department must complete.	
To: Risk Management Division, M/S 610	* Today's Date:
Diane Baer 425-388-3760; Sheila Barker 425-388-3726 *From: * Dept:	* Phone/Ext:
Re: Insurance Requirements for Bid/RFP/Q#:	Contract#:
*Title of RFP/Q or Project:	
*Estimated Ad Date:	* Estimate: \$
*** Attach the Scope of Work and Specs to the email with this form ***	
Based on the Scope of Work and Specs for the above project, the following levels of insurance are required for adequate coverage.	
Includes Per Project Aggregate	lucts and Completed Operations
PROFESSIONAL LIABILITY, ERRORS & OMISSIONS: \$1,000,000 Per Claim/ Aggregate	Other Per Claim/Agg. \$
AUTO LIABILITY: \$1,000,000 Statutory Minimum Other \$ MCS-90 Endorsement Yes For transport of Hazardous substances CA 9948 Endorsement Yes Auto Pollution Yes For Transport of Pollutants	
WORKERS COMPENSATION: STATUTORY: US Longshore & Harbor Workers Coverage Protection and Indemnity (Incl. Crew) (Jones Act) Other: Incl. Addl. Ins. And Waiver of Subrogation on P&I Other:	Yes <i>Limit:</i> \$
CRIME: Fidelity, Theft, Disappearance, & Destruction Liability Employee Dishonesty	Yes
BUILDERS ALL RISK INSURANCE: 100% of contract value:\$ Installation floater: (100%)\$ Installation	Yes Limit: \$alled Values
CONTRACTOR'S POLLUTION LIABILITY:\$1,000,000 Per Occ Asbestos/lead/ PCB Abatement LiabilityYes \$1,00	
MARINE POLLUTION LIABILITY (OPA, CERCLA). Hull and Machinery Protection & Indemnity.	Yes
OTHER: RAILROAD PROTECTIVE Yes Limit: \$ OTHER:	
COMMENT:	
SIGNATURE: (Risk Management Designee)	DATE: