

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

<p align="center">Valet Parking Permit</p> <p align="center">Cover Sheet</p> <p align="center">For</p> <p align="center">Evidencing Insurance to the City of Coral Gables</p>	<p>Legal Name of Permit Applicant (Individual or Company): _____</p> <p>Insurance is being submitted for an ongoing Valet Parking Permit (circle one): YES or NO Insurance is being submitted for a one time Valet Parking Permit (circle one): YES or NO</p> <p>Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT APPLICANT 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> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Certificate Holder should read:</p> <p>Email address: cityofcoralgables@ebix.com</p> </td> <td style="width: 50%; vertical-align: top;"> <p>City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010</p> </td> </tr> </table> <p>Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Permit, 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>Certificate Holder should read:</p> <p>Email address: cityofcoralgables@ebix.com</p>	<p>City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010</p>
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<p align="center">Insurance Requirements</p> <p align="center">For</p> <p align="center">Companies and/or Individuals</p>	<p>Permit Applicants are required to evidence the following Insurance to the City;</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Insurance Coverage Type</u></th> <th style="text-align: left;"><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Garage Liability</td> <td>Each Occurrence \$1,000,000 Aggregate \$1,000,000</td> </tr> <tr> <td>Garagekeepers Legal Liability (minimum limits)</td> <td>Per Vehicle \$ 50,000 Aggregate \$ 250,000</td> </tr> <tr> <td>Workers Compensation & Employers Liability</td> <td>Statutorily Required Limits (Coverage is Mandatory)</td> </tr> </tbody> </table> <p>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 (except workers compensation).</p> <ul style="list-style-type: none"> • 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>Companies evidencing insurance must provide the following documents to the City;</p> <ol style="list-style-type: none"> 1. This Cover Sheet with all of the questions above answered. 2. 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. 3. 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. 4. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required. 	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Garage Liability	Each Occurrence \$1,000,000 Aggregate \$1,000,000	Garagekeepers Legal Liability (minimum limits)	Per Vehicle \$ 50,000 Aggregate \$ 250,000	Workers Compensation & Employers Liability	Statutorily Required Limits (Coverage is Mandatory)
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	<p>The City of Coral Gables reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Management Division.</p>
<p>City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>	