

**CITY OF CHICO – RISK MANAGEMENT
REQUEST FOR INSURANCE DETERMINATION**

REQUEST FOR DETERMINATION		
Requesting Department:	Department Contact:	
Type of Agreement:	Start Date:	Completion Date:
Agreement Project Title:		
Description of Project*:		
Consultant/Contractor Company Name:		
Consultant/Contractor Contact Person:		
Consultant/Contractor Email:	Consultant/Contractor Phone #:	

*Attach Exhibit "A" (Description of Services) and "B" (Scope of Services)

RISK MANAGEMENT INSURANCE DETERMINATION

The following insurance requirements shall apply to the project named above:

- No insurance is needed for this project.
- Independent Contractor Questionnaire
- General Liability Insurance & Sub-consultant/Sub-contractor Insurance:
 - \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000
 - \$3,000,000/\$6,000,000 \$5,000,000/\$10,000,000
- Automobile Liability Insurance: \$500,000 \$1,000,000 \$2,000,000 \$5,000,000
- Professional Liability Insurance: \$500,000 \$1,000,000 \$2,000,000
- Tail Coverage/Completed Operations
- Pollution/Environmental Impairment Liability: \$1,000,000 \$2,000,000
- Improper Sexual Conduct Liability: \$1,000,000 \$2,000,000
- Builder's Risk (Building Value)
- Property Insurance (Building Value)
- Airport Liability: \$1,000,000/\$2,000,000 \$2,000,000/\$4,000,000
- Aircraft Liability: \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000
- On-Hook Coverage (\$50,000)
- Garage Keepers Liability (\$100,000)