

Bay Area Air Quality Management District Carl Moyer Program Insurance Verification Form

Project Sponsor Name: <Company>
Project Title: <Project Title>

Grant Number(s): <Project Number>

Insurance Requirements:

Protection and Indemnity: Does your business carry Protection and Indemnity Insurance with a limit of not less than \$1,000,000 per occurrence? Such insurance shall be of the type usual and customary to the business of the Grantee and to the operation of the vehicles, vessels, engines or equipment operated by the Grantee. Yes No

Is the Protection and Indemnity Insurance placed with insurers with a current A.M. Best's rating of no less than A: VII? Yes No

Name of Insurer:	Amount of coverage:
Policy expiration date:	Are summary pages for this insurance attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby declare that the Air District shall receive 30 days advanced notice of cancellation of this Protection and Indemnity Insurance.

_____ Date: _____
Signature of <Owner>

Hull Insurance: Does your business carry Hull Insurance in an amount of not less than the insurable value of Grantee's vehicles, vessels, engines or equipment and covering all risks of loss, damage or destruction of such vehicles, vessels, engines or equipment? Yes No

Is the Hull Insurance placed with insurers with a current A.M. Best's rating of no less than A: VII?
 Yes No

Name of Insurer:	Amount of coverage:
Policy expiration date:	Are summary pages for this insurance attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby declare that the Air District shall receive 30 days advanced notice of cancellation of this Hull Insurance.

_____ Date: _____
Signature of <Owner>

I attest that the information provided above is complete and accurate.

Signature of <Owner> Title Date

<i>For Air District use only</i>	Reviewed / Approved by:	Date:
Comments:		