

CITY OF ALEXANDRIA
STREET VENDOR INSURANCE SPECIFICATIONS

The coverage shall be provided by a carrier(s) rated no less than "A-" with a financial rating of at least VII by A.M. Best. In addition, the Permittee shall agree to give the City of Alexandria a minimum of 30 days prior notice of any cancellation or material reduction in coverage.

Workers' Compensation

Statutory Virginia Limits

Employers' Liability Insurance - \$100,000 for each Accident by employee
 \$100,000 for each Disease by employee
 \$500,000 policy limit by Disease

Commercial General Liability

\$1,000,000 each occurrence including contractual liability for specified agreement
\$2,000,000 General Aggregate (other than Products/Completed Operations)
\$2,000,000 General Liability-Products/Completed Operations
\$1,000,000 Personal and Advertising injury
\$ 100,000 Fire Damage Legal Liability

Business Automobile Liability – including owned, non-owned, and hired car coverage.

Combined Single Limit - \$1,000,000 each accident

Cyber Liability - Required if there is the collection and electronic transmittal of Protected Health Information (PHI), or any other demographic data on individuals including but not limited to Name, Address, Social Security Numbers, credit/debit card numbers, or any other sort of personally identifying information.

\$1,000,000 Per Occurrence

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Other as Specified Below

NOTE 1:

The intent of this insurance specification is to provide the coverage required and the limits expected for each type of coverage. Regarding the Business Automobile Liability and Commercial General Liability, the total amount of coverage can be accomplished through any combination of primary and excess/umbrella insurance. This insurance shall apply as primary insurance and non-contributory with respect to any other insurance or self-insurance programs afforded by the City of Alexandria. This policy shall be endorsed to be primary with respect to the additional insured.

NOTE 2: Title 65.2 of the Code of Virginia requires every employer who regularly employs three or more full-time or part-time employees to purchase and maintain workers' compensation insurance.

NOTE 3: The Certificate Holder Box shall read as follows:

City of Alexandria
Department of Planning & Zoning
301 King Street, Suite 2100
Alexandria VA 22314