

INSURANCE REQUIREMENT FORM

Part A – Certification

The selected consultant and its subconsultants as defined in the Agreement shall, at such firms' own expense, obtain and maintain in effect at all times the types of insurance, as identified in the Agreement, against claims, damages and losses due to injuries to persons or damage to property or other losses that may arise in connection with the performance of work under this contract. Any firm unable to meet any of the required minimum insurance coverages listed in the Agreement must complete **Part B** to request for exception to the such insurance requirements. **IF SUCH EXCEPTIONS ARE NOT REQUESTED IN PART B WITH THE PROPOSAL, COMPLIANCE WITH THE INSURANCE REQUIREMENTS WILL BE ASSUMED AND WAIVERS WILL NOT BE CONSIDERED AT A LATER TIME.** This form must be completed and submitted in its entirety by the prime consultant.

By signing below, you acknowledge and agree to provide the required Proof of Insurance providing verification of the minimum insurance requirements listed in the Agreement within ten (10) calendar days of the execution of the resulting contract and prior to performing any work under such contract.

Alameda CTC Agreement No.:	
Authorized Signature:	
Name and Title:	
Prime Company Name:	
Date:	

Part B – Insurance Exception Request

Identify the name of each firm (i.e., prime or subconsultants) and the specific insurance provision for which an exception is being sought, if any, and the requested revision(s) in the fields below.

Firm Name	Insurance Provision	Requested Insurance Exception