#  Exhibit A Insurance and Bonding Requirements-

# Long Term Community Market Facility Lease Agreement – Attachment C

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| **Insurance / Bond Type** | **Required Limits** |
| 1. [x]  Worker’s Compensation
 | Statutory Limits of Florida Statutes, Chapter 440 and all Federal Government Statutory Limits and Requirements |
| 1. [ ]  Employer’s Liability
 | **$\_\_\_\_\_\_\_\_\_\_** single limit per occurrence |
| 1. [x]  Commercial General Liability (Occurrence Form) patterned after the current ISO form
 | Bodily Injury and Property Damage**$\_1,000,000\_\_\_\_\_\_\_\_** single limit per occurrence, $2,000,000 aggregate for Bodily Injury Liability and Property Damage Liability. This shall include Premises and Operations; Independent Contractors; Products and Completed Operations and Contractual Liability  |
| 1. [x]  Indemnification
 | To the maximum extent permitted by Florida law, the Lessee shall indemnify and hold harmless Collier County, its officers and employees from any and all liabilities, damages, losses and costs, including, but not limited to, reasonable attorneys’ fees and paralegals’ fees, to the extent caused by the negligence, recklessness, or intentionally wrongful conduct of the Lessee or anyone employed or utilized by the Lessee in the performance of this Agreement. This indemnification obligation shall not be construed to negate, abridge or reduce any other rights or remedies which otherwise may be available to an indemnified party or person described in this paragraph. This section does not pertain to any incident arising from the sole negligence of Collier County. |
| 1. [ ]  Automobile Liability
 | $\_\_\_\_\_\_\_\_\_\_\_\_\_Each Occurrence; Bodily Injury & Property Damage, Owned/Non‑owned/Hired; Automobile Included  |
| 1. [ ]  Other insurance as noted:
 | [ ]  Airport Liability Insurance **$** \_\_\_\_\_\_\_\_\_\_Per Occurrence bodily injury and property damage[ ]  Hangarkeepers Liability **$** \_\_\_\_\_\_\_\_\_\_Per Occurrence per aircraft including premise liability [ ]  Aircraft Liability Insurance **$** \_\_\_\_\_\_\_\_\_\_Per Occurrence bodily injury and property damage [ ]  Pollution Liability Insurance **$** \_\_\_\_\_\_\_\_\_\_Per Occurrence bodily injury and property damage [ ]  Property Insurance – Replacement Cost-All Risks of Loss |

1. [x]  Lessee shall ensure that all sub-lessees comply with the same insurance requirements that he is required to meet. The same Lessee shall provide County with certificates of insurance meeting the required insurance provisions.

1. [x]  Collier County must be named as "**ADDITIONAL INSURED**" on the Insurance Certificate for Commercial General Liability where required

1. [x]  The Certificate Holder shall be named as Collier County Board of County Commissioners, OR, Board of County Commissioners in Collier County, OR Collier County Government, OR Collier County. The Certificates of Insurance must state the name of the Lease and location of the leased property.

1. [x]  **Thirty** **(30)** **Days** **Cancellation** **Notice** required.

**Ljb 5/11/2015**

**Lessee’s Insurance Statement**

We understand the insurance requirements of these specifications and that the evidence of insurability may be required within five (5) days of the award of this Lease agreement.

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| Name of Firm | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Lessee Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance Agency | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agent Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |