

City of North Port

Human Resources Department Risk Management 4970 City Hall Boulevard North Port, FL 34286 Phone: 941.429.7200

Fax: 941.429.7135

Date of Request:	10/10/2025

Date Risk Received Request:

Response Time

Routine: 8-14 days

Print Form

Insurance Requirements Request Form

Brimary Dont	Fire Rescue	Requirements are for:
Primary Dept.: Secondary Dept.:	The Nescue	Formal Solicitation Solicitation # Informal Solicitation (items purchased utilizing quotes and under the formal
Contact Name/Phone	t: Deanna Marshall/240-8160	solicitation threshold)
Duration of work (Calendar	180 - 365 days	C Vendor Insurance Renewal Expiration Date
On Site Work	Yes	C Insurance Update - attach original insurance requirements
Estimated Cost of Wor	Under \$5,000	Piggyback Contract (attach a copy of the contract insurance requirements, and list entity name/piggyback information in the summary below)
What are you purchas	Services only	

Provide a DETAILED description of the

Item being Purchased / Description of Work or Summary of Services being provided

Fire Rescue is setting up a vendor to complete bi-annual preventative maintenance on all station's gym equipment. Procurement is under threshold and vendor is currently utilized by PD.

Worker's C	ompensation -	Commerci	ial General Liability:
All state an	d federal statutory limits apply.	Occurrenc	re form required aggregate separate to this job.
O	\$100,000 each accident \$100,000 each employee \$500,000 policy limit for diseases	Level I	: \$300,000 each accident \$600,000 general aggregate \$600,000 products and completed ops \$100,000 damage to rented premises
9	\$500,000 each accident \$500,000 each employee \$500,000 policy limit for diseases : \$3,000,000 each accident	Level II	l: \$1,000,000 each occurrence \$1,000,000 general aggregate \$1,000,000 products and completed ops \$100,000 damage to rented premises
0	\$1,000,000 each employee \$1,000,000 policy limit for diseases	Level II	II: \$3,000,000 each occurrence \$6,000,000 general aggregate
0	Proof of current Worker's Compensation coverage		\$6,000,000 products and completed ops \$100,000 damage to rented premises
<u> </u>	Worker's Compensation Exemption (notarized affidavit)		City of North Port to be named additionally insured
00.1	(notanzes aniastry)		Proof of current General Liability Insurance coverage only

Environmental / Pollution Liability Level I: \$300,000 each accident for property \$100,000\each occurrence and damage and bodily injury with **2** \$300,000 general aggregate contractual liability coverage **Professional Liability** Level II: \$1,000,000 each accident for property Level I projects: 1 million per occurrence and damage and bodily injury with contractual liability coverage 1 million general aggregate Level III: \$3,000,000 each accident for property Level II projects: 1 million per occurrence and damage and bodily injury with 0 contractual liability coverage 2 million general aggregate City of North Port to be named Level Uprojects: 2 million per occurrence and additionally insured 2 million general aggregate **Proof of current Commercial Auto** Liability Insurance only Required Insurance Coverage, not specified above: Type of insurance **Sub - Limits - Personal Automobile Coverage** Limits: \$100,000 per person \$200,000 per accident and Limits: \$100,000 property damage Limits: Additional Risk Comments:

Additional Insurances when Applicable:

Steve Lambert
Claims Coordinator
Phone: 941-429-7138
riskservices@cityofnorthport.com

Sandy Knowles
Risk & Benefits Manager
Phone: 941-429-7130
riskservices@cityofnorthport.com

Kisk Manager or Designee

Commercial Auto Liability:
All owned, non-owned or hired

NOTE: Submit this form and the certificate of insurance to Risk for final approval PRIOR to making any purchases or allowing work to be performed.