



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

Print Form

Date of Request:

10/10/2025

Date Risk Received Request:

Response Time

Routine: 8-14 days

Insurance Requirements Request Form

Primary Dept.:

Fire Rescue

Secondary Dept.:



Contact Name/Phone#:

Deanna Marshall/240-8160

Duration of work (Calendar days)

180 - 365 days

On Site Work

Yes



Estimated Cost of Work

Under \$5,000

What are you purchasing?

Services only

Requirements are for:

☐ Formal Solicitation
(RFB, RFP, RFQ)

Solicitation #

☒ Informal Solicitation (items purchased utilizing quotes and under the formal solicitation threshold)

☐ Vendor Insurance Renewal

Expiration Date

☐ Insurance Update - attach original insurance requirements

☐ Piggyback Contract (attach a copy of the contract insurance requirements, and list entity name/piggyback information in the summary below)

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.

REQUIRED COVERAGE (To be completed by RISK)

Worker's Compensation -

All state and federal statutory limits apply.

☐ Level I: \$100,000 each accident
\$100,000 each employee
\$500,000 policy limit for diseases

☒ Level II: \$500,000 each accident
\$500,000 each employee
\$500,000 policy limit for diseases

☐ Level III: \$3,000,000 each accident
\$1,000,000 each employee
\$1,000,000 policy limit for diseases

☐ Proof of current Worker's Compensation coverage

☐ Worker's Compensation Exemption
(notarized affidavit)

Commercial General Liability:

Occurrence form required aggregate separate to this job.

☐ Level I: \$300,000 each accident
\$600,000 general aggregate
\$600,000 products and completed ops
\$100,000 damage to rented premises

☒ Level II: \$1,000,000 each occurrence
\$1,000,000 general aggregate
\$1,000,000 products and completed ops
\$100,000 damage to rented premises

☐ Level III: \$3,000,000 each occurrence
\$6,000,000 general aggregate
\$6,000,000 products and completed ops
\$100,000 damage to rented premises

☒ City of North Port to be named additionally insured

☐ Proof of current General Liability Insurance coverage only

Commercial Auto Liability:

All owned, non-owned or hired

☒ Level I: \$300,000 each accident for property damage and bodily injury with contractual liability coverage

☐ Level II: \$1,000,000 each accident for property damage and bodily injury with contractual liability coverage

☐ Level III: \$3,000,000 each accident for property damage and bodily injury with contractual liability coverage

☐ City of North Port to be named additionally insured

☐ Proof of current Commercial Auto Liability Insurance only

Sub - Limits - Personal Automobile Coverage

☐ \$100,000 per person
\$200,000 per accident and
\$100,000 property damage

Additional Insurances when Applicable:

Environmental / Pollution Liability

☐ \$100,000 each occurrence and
\$300,000 general aggregate

Professional Liability

☐ Level I projects: 1 million per occurrence and
1 million general aggregate

☐ Level II projects: 1 million per occurrence and
2 million general aggregate

☐ Level III projects: 2 million per occurrence and
2 million general aggregate

Required Insurance Coverage, not specified above:

Type of insurance

Limits:

Limits:

Limits:

Additional Risk Comments:

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.


Risk Manager or Designee

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

10/10/25
Date

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