



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC COMMISSION ON THE ARTS AND HUMANITIES

REQUIRED INSURANCE POLICIES

As the duly authorized officer of [NAME _____],
a [501(c)3 NON-PROFIT ORGANIZATION or INDIVIDUAL] (“Applicant”), with an address of
[ADDRESS _____], an applicant for Grant Program/RFA
[GRANT PROGRAM _____] of the DC Commission on the Arts and
Humanities (“DCCA”), I certify that the following are the names of the Applicant’s current insurance
carriers with the type of insurance coverage under each policy:

Insurance Carrier	Type of Coverage
_____	_____
_____	_____
_____	_____

By signing this form, the Applicant agrees to provide DCCA the following insurance documents if
DCCA decides to award Applicant a grant under this program:

- i) A copy of the binder or cover sheet of each current policy that covers the activities that might be undertaken in connection with the performance of the grant;
- ii) Endorsements for each of these policies – except for Worker’s Compensations, Errors and Omissions, and Professional Liabilities – that name the Government of the District of Columbia and its officers, employees, agents and volunteers as additional named insured for liability arising out of performance of the award; and
- iii) A written waiver of subrogation against the Government of the District of Columbia and its officers, employees, agents, volunteers, contractors and subcontractors from each of the applicant’s insurance carriers providing coverage for activities that might be undertaken in connection with the performance of the grant.

Authorized Representative of Applicant

Date