

### III. Insurance

The Grantee shall maintain, in force for the term of this agreement, insurance as provided herein. The coverages shall be maintained either through insurance policies from insurance companies licensed to do business in the State of New Jersey with an A-VIII or better rating by A.M. Best & Company, or through formal, fully funded self-insurance programs authorized by law and acceptable to the Department. The certificates of insurance shall indicate the grant number and title of the grant in the "Description of Operations" box. All policies must be endorsed to provide thirty (30) days' written notice of cancellation or material change to the Department at the following address: PO Box 420, 428 East State Street, 4th Floor, Trenton, NJ 08625-0420. If the Grantee's insurer cannot provide thirty (30) days written notice, then it will become the obligation of the Grantee to provide same. Unless current documentation is already on file, the Grantee must, within thirty (30) days after the effective date of this agreement, provide to the Department current certificates of insurance, documentation of self-insurance, or both, for all coverages and renewals required under this agreement. Renewal certificates shall be provided within thirty (30) days of the expiration of the insurance. No payments shall be made under this agreement until acceptable documentation of insurance coverage is received. The minimum required coverages are:

- A. Commercial General Liability: The minimum limit of liability shall be \$1,000,000 per occurrence as a combined single limit for bodily injury and property damage. The policy shall include the State of New Jersey as an "Additional Insured" and include the blanket additional insurance endorsement or its equivalent. The policy shall include coverage for contractual liability and products liability. The coverage to be provided under these policies shall be at least as broad as that provided by the standard basic, unamended, and unendorsed occurrence coverage forms or its equivalent currently in use in the State of New Jersey, which shall not be circumscribed by any endorsements limiting the breadth of the coverage.
- B. Automobile Liability Insurance, which shall be written to cover any vehicle used by the insured. Limits of liability for bodily injury and property damage shall not be less than \$1,000,000 per accident as a combined single limit. The State of New Jersey must be named as an "Additional Insured" and include the blanket additional insurance endorsement or its equivalent when the services being procured involve vehicle use on the State's behalf or on State controlled property.
- C. Worker's Compensation Insurance in accordance with the laws of the State of New Jersey and Employer's Liability Insurance with limits not less than: (i) \$1,000,000 Bodily Injury, Each Occurrence; (ii) \$1,000,000 Disease Each Employee; and (iii) \$1,000,000 Disease Aggregate Limit.
- D. These amounts may be raised when deemed necessary by the Department.

The State of New Jersey must be listed as the additional insured and the Certificate Holder instead of NJDEP.

Because this is about insurance coverage and liability, to narrow the scope of coverage for the state down to a specific department could potentially create situation. Should litigation come to pass, it is likely that the State government as a whole that will be held liable, not one department within the DEP. Also, we are following this guidance from the Treasury Department and our own Terms and Conditions, where the certificate holder is simply the State of New Jersey. There is no benefit to the department to have their name listed in the certificate holder box.

Below is an example of our address and the language that is needed.

#### **Description of Operations Box:**

Re: **[Input Grant Number]**

The State of New Jersey is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract or agreement subject to the policy terms, limits, conditions and exclusion.

Please list the **Certificate Holder** as:

State of New Jersey  
401 East State Street  
Trenton, NJ 08625