



**Insurance Policies Affidavit**

As the duly authorized officer of \_\_\_\_\_, a \_\_\_\_\_ [LLC, corporation, etc.] (“Applicant”), with a business address of \_\_\_\_\_, an applicant for Grant Program/RFA \_\_\_\_\_ of the Office of the Deputy Mayor for Planning and Economic Development for the District of Columbia (“DMPED”), I certify that the following are the names of the Applicant’s current insurance carriers with the type of insurance coverage under each policy:

<u>Insurance Carrier</u>	<u>Type of Coverage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing this form, the Applicant agrees to provide DMPED the following insurance documents if DMPED decides to award Applicant a grant under this Grant Program/RFA:

- i) A copy of the binder or cover sheet of each current policy that covers activities that might be undertaken in connection with the performance of the grant;
- ii) Endorsements for each of these policies - except for Worker’s Compensation, 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