

DPP Insurance Request Form



To Whom It May Concern:

Insurance Agent

Contact Person

() ____-____
Contact Number

As a participant of the Denver Preschool Program, I request that a Certificate of Insurance be issued to the Holder shown below:

Denver Preschool Program / City and County of Denver
305 Park Avenue West
Denver, CO 80205

The Certificate of Insurance should confirm the following insurance coverage:

- Comprehensive General Liability with limits of \$1,000,000 per occurrence, \$2,000,000 general aggregate; and not contain an exclusion for sexual abuse, molestation, discrimination or similar offenses. sexual misconduct coverage of at least \$100,000 per occurrence/\$100,000 aggregate;
 - **Name the Denver Preschool Program and the City and County of Denver should be included as an Additional Insured.**
- Auto Liability with a limit of \$1,000,000 per occurrence for all owned, hired or non-owned vehicles used in the transportation of children (unless a waiver has been approved by the Denver Preschool Program or its representative); and
- Workers Compensation Insurance as required by statute.

Please include in all insurance policies an endorsement that the policy shall not be cancelled without ten (10) days prior notice to DPP for non-payment, and thirty (30) days prior notice to DPP for cancellation or non-renewal for any other reason.

The Certificate of Insurance should be sent to: Chris Miller, Director of Quality Initiatives at the Denver Preschool Program, 305 Park Avenue West, Suite B, Denver, CO 80205, Fax: 303.496.1114, or chris@dpp.org

Thank you,

Program Name (Nombre del programa)

Contact Name (Nombre)

Address (Dirección)

Signature (Firma)

Telephone Number (Número de teléfono)

Date (Fecha)

This form will allow DPP to request a new certificate of insurance from your agent upon renewal of your insurance policies. (Este formulario permitirá a la DPP para solicitar un nuevo certificado de seguro de su agente a una renovación de sus pólizas de seguro.)

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QUALITY
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FOR DENVER**

