



### Insurance Policies Affidavit

As the duly authorized officer of \_\_\_\_\_, a \_\_\_\_\_ [LLC, corporation, etc.] (“Applicant”), with a business address of \_\_\_\_\_, an applicant for the Driver Incentive Grant with the Department of For-Hire Vehicles “DFHV”), 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 that if DFHV decides to award Applicant a grant under this Grant Program/RFA, Applicant will provide DFHV with the following insurance documents if requested:

- 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