



Municipality of Anchorage  
**ANCHORAGE HEALTH DEPARTMENT**  
825 L Street, Anchorage, AK 99501 | 907-343-6718  
[housingandhomelesservices@anchorageak.gov](mailto:housingandhomelesservices@anchorageak.gov)



## AGREEMENT REQUEST FORM

### CONTACT INFORMATION

Date		Name of Organization			
Contact Name		Email		Phone Number	
Title, Name, and Email of Organization's Authorized Signer					
Official Mailing Address for Legal Documents			City, State, Zip		

### PROPOSED SERVICES

What services will your organization provide:

Medical services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mental health services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign clients up for services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which services? Select all that apply.	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP <input type="checkbox"/> VA <input type="checkbox"/> SSA <input type="checkbox"/> Other: _____	

Other services, please list:

Does the organization require anything from AHD or our contractors to provide services?

- |   |  |
|---|--|
| <input type="checkbox"/> Internet access  | <input type="checkbox"/> Private meeting space     |
| <input type="checkbox"/> Table and chairs | <input type="checkbox"/> Other, please list: _____ |

### NOTICES

**NOTICE 1:** Partner organizations will be required to complete a Memorandum of Agreement. This will include the organization agreeing not to discriminate on the basis of race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, or physical or mental disability.

**NOTICE 2:** Partner organizations will be required to provide proof of insurance levels. These will be determined by the Municipal Risk Department once the nature of the services to be provided is understood. Insurance up to the limits below **may** be required.

#### 1. INSURANCE REQUIREMENTS

- A. The Agency shall maintain in good standing, for the entire period of the agreement, the insurance described in subsection B of this section. Before rendering any services under this agreement, the Agency shall furnish the Administrator with a Certificate of Insurance in accordance with subsection B of this section in a form acceptable to the Risk Manager for Anchorage.
- B. The Agency shall provide the following insurance:
  - 1.) \$1,000,000 Employers Liability and Workers Compensation as required by Alaska Law.
  - 2.) Commercial Automobile Liability in the amount of \$1,000,000 combined single limit to include: owned, hired, and non-owned.
  - 3.) Commercial General Liability including:
    - \$2,000,000 General Aggregate
    - \$2,000,000 Products/Completed Operations
    - \$1,000,000 Personal & Advertising Injury
    - \$1,000,000 Each Occurrence
    - \$5,000 Medical Payments

- 4.) Medical Malpractice insurance with limits not less than \$2,000,000 aggregate.
- 5.) Cyber/Privacy Liability insurance with limits not less than \$1,000,000. The Cyber Coverage shall include, but not be limited to, claims involving invasion of privacy violations (including HIPPA), information theft, and release of private information. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses.
- 6.) Excess Liability insurance with limits not less than \$5,000,000.
- 7.) Sexual Abuse and Molestation policy with limits not less than \$1,000,000.
- C. Policies written on a "claims-made basis" must have a two (2) year tail of coverage, or an unbroken continuation of coverage for two (2) years from the completion of the contract requirements.
- D. Each policy of insurance required by this section shall provide for advance notice to the MOA/Contract Administrator prior to cancellation in accordance with the policy. IF the insurer does not notify the MOA on policy cancellation it shall be the Agency's responsibility to notify the MOA of such cancellation.
- E. With the exception of Workers Compensation, Medical Malpractice, and Cyber (Privacy), each policy shall name The Municipality as an "additional insured" and the actual policy endorsement shall accompany each Certificate of Insurance.
- F. General Liability, Workers Compensation, and Automobile policies shall be endorsed to waive all rights of subrogation against the Municipality of Anchorage by reason of any payment made for claims under the above coverage. This policy endorsement shall accompany each Certificate of Insurance.
- G. All policies for general liability shall be primary and noncontributing with any insurance that may be carried by the Municipality.
- H. If the Agency maintains broader coverage and/or higher limits than the minimums shown above, the Municipality requires and shall be entitled to the broader coverage and/or higher limits maintained by the Agency. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Municipality.
- I. Agency shall require and verify that all subcontractors maintain insurance meeting all requirements stated herein, and Agency shall ensure that the Municipality is an additional insured on insurance required from subcontractors.

#### SUBMISSION

1. Submit documents to [housingandhomelessservices@anchorageak.gov](mailto:housingandhomelessservices@anchorageak.gov)
2. The department will review your request and reach out with the next steps.