



VALOR INSTITUTE FACILITY USE INSURANCE REQUIREMENT

Valor Institute requires that any entity or individual (hereinafter referred to as "LEASEE") renting its facilities provides adequate insurance coverage. This requirement is designed to protect Valor Institute from any liability arising from LEASEE's use of the facilities.

The LEASEE shall purchase and maintain the insurance outlined below to provide protection from the LEASEE'S negligent acts. The LEASEE shall provide this insurance as required by the facility usage agreement. Negligence by any subcontractor, or by anyone directly or indirectly employed by any of them, shall be considered a negligent act of the LEASEE.

Insurance Requirements:

1. **Comprehensive General Liability:** The LEASEE must maintain Comprehensive General Liability insurance with a minimum limit of \$1,000,000 per occurrence.
2. **Additional Insured:** Valor Institute must be named as an Additional Insured on the LEASEE's Certificate of Insurance. This must be explicitly noted on the certificate.
3. **Cancellation Clause:** The Cancellation Clause on the Certificate of Insurance must be amended to read: "Should any of the described policies on the attached Certificate of Insurance be canceled, non-renewed, or reduced in coverage, the issuing Insurance Company will mail 30 days written notice by registered mail, return receipt requested, to: Valor Institute; [Address of Valor Institute]."
4. **Insurance Company Rating and Authorization:** All Certificates of Insurance should be issued by an Insurance Company (or Companies) with an AM Best Rating of A- or better and a Financial Size of IX or greater. All Insurance Companies shall be authorized to conduct business in the State of [State Where Valor Institute Is Located].

Acknowledgement:

My signature below indicates that our company agrees that the LEASEE shall maintain the above insurance during the entire term of the lease agreement.

FOR THE LEASEE

_____ Authorized Representative Signature

_____ Title

_____ Date

FOR VALOR INSTITUTE

_____ Authorized Representative Signature

_____ Title

_____ Date