

Contractual Insurance Determination Form

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Related form version	19

Welcome to the Contractual Insurance Determination Form. These questions will help you determine what type(s) of insurance are needed for your specific agreement. Once the questions have been answered, you will receive an email with the required insurance needed for your agreement. The purpose of insurance is to protect the **Owner's** interests during the term of the agreement and, in some cases, after the agreement ends. The insurance is considered part of the agreement and must be followed in full.

Please see the guide for more information and definitions

"Owner(s)" refers to any, all, or a combination of the following entities: the City of Lincoln, Nebraska; Lancaster County, Nebraska; the Lincoln-Lancaster County Public Building Commission; and/or the West Haymarket Joint Public Agency. This also includes their elected and appointed officials, officers, employees, agents, contractors, and consultants. The Owner may change the insurance needs which are suggested if needed to serve its best interests. Any such change must be made in writing. A change to one part of the insurance needs does not mean that other parts of the agreement or insurance terms are changed. Any updates or exceptions to the suggested insurance applies only to the specific agreement they were made for. These changes do not set a precedent or signal a broader policy change for other agreements as each agreement is unique. Contractors will be required to provide certificates of Insurance (COIs) as part of the agreement process. When applicable, the Owner(s) must be listed as an additional insured. While insurance endorsements may also be required depending on the type of service or risk involved, we will request them but will not delay agreement execution solely due to the absence of those endorsements. To streamline the process and ensure consistency with Purchasing procedures, we will allow five (5) business days from the time of request for contractors to submit any applicable endorsements. If the required endorsements are received within that timeframe, they will be reviewed and filed. If not, the agreement will proceed as scheduled as long as the COI and the completed Contractual Determination Form has been attached or submitted with the agreement. This approach balances our due diligence in risk management with the need to avoid unnecessary delays in agreement execution.

DEFINITIONS: For purposes of these Requirements, the following definitions apply:

- **"Agreement"** shall mean the contract between the Owner and the Contractor into which these Insurance Requirements are incorporated by reference.
- **"City"** shall mean the City of Lincoln, NE.
- **"COI"** shall mean a Certificate of Insurance.
- **"Contractor"** shall mean the individual, company, etc. being hired to perform the Work under the Agreement. Contractor shall include all owners, officers, employees, agents, and subcontractors and employees of any of them.
- **"County"** shall mean the County of Lancaster, Nebraska.
- **"Owner(s)"** shall mean any, all, or a combination of the City of Lincoln, NE, County of Lancaster, Nebraska, Lincoln-Lancaster County Public Building Commission, and/or the West Haymarket Joint Public Agency and their elected and appointed officials, officers, employees, agents, contractors, and consultants.
- **"PBC"** shall mean the Lincoln-Lancaster County Public Building Commission.
- **"Site"** shall mean the location the Work is being completed and/or delivered to.

- “WHJPA” shall mean the West Haymarket Joint Public Agency.
- “Work” shall mean the project being completed, products being delivered, and/or services being provided as contemplated in the Agreement.

Please enter your name

Bri Pallard

Please enter your email address

bpallard@lincoln.ne.gov

Your email address is required to receive the final document that you will submit to Purchasing.

Please select the Owner(s) of this project (1 or more options)

City

What is the name of the Contract/Vendor?

Unknown - will be bid

Provide a brief discription (scope) of the purpose and main activities covered by this contract.

Charter Bus Services

Summarize what goods, services, or work will be performed.

What are you procuring?

Service - General (this is work performed by a contractor or vendor that is typically labor based, examples include - janitorial, landscaping, building maintenance, printing, equipment repair)

What is the total estimated value of this agreement over its full term, including all renewal options?

\$10,001 - \$50,000

Does the provider have employees?

Yes

Do not include independent contractors they may utilize for the contracted services

Where will the service or construction be located?

In the State of Nebraska, but not on owner's property

This determination will be reviewed by Risk. If there are any additional requirements needed you will be contacted shortly. If you are not contacted, there is no additional insurance required.

Will there be an unmanned arial/aircraft vehicle or system (drone) used?

No

Will the vendor be accessing Owners' data, systems or networks?

No

Is the vendor a tech company?

No

Primarily focused on developing, manufacturing, or supporting tech-related products and services - examples include Apple, Google, Information Analytics, Sandhills Global, Oracle

Will any of owner's vehicles be serviced or handled by vendor?

No

Will the vendor or their employees operate a licensed motor vehicle for business purposes while performing work?

Yes

Examples are delivery of goods, landscaping, snow removal, shuttle service, and using a vehicle for construction or maintenance - this would exclude personal commuting to and from the work site.

Please describe the nature and frequency of driving activities involved

Charter Bus Services for Parks and Aging

Is there mold, asbestos, fuel, chemicals, spraying, or other hazardous material involved?

No

Is there anything unique about this agreement, or anything you would like Risk Management to review or discuss further?

Yes

Please note any special circumstances, concerns, or details that may not have been fully captured above

Services could be in Nebraska or outside of NE

If you believe the results may not accurately reflect the risk or scope of the agreement, or if you would like Risk Management to review your responsees, please explain here.

Contractor shall comply with the following provisions:

If there are no coverages listed here, then there is no insurance required.

GL - Commercial General Liability

AL - Automobile Liability

This determination will be reviewed by Risk. You will be contacted shortly.

QUESTIONS

Still unsure? Contact:

- **City of Lincoln Risk Management:** 402-441-7082
- **Lancaster County Risk Management:** 402-441-6510
- **Purchasing Division:** 402-441-8103