

EXHIBIT F  
INSURANCE REQUIREMENTS

Upon contract award the contractor will maintain, during any contract period, insurance coverage listed below, with insurance company (ies) acceptable to AAFES and MCX. All liability insurance coverage will name the United States, AAFES and MCX as additional and several insured's for claims, demands, suits, judgments, costs, charges, and expenses arising out of or in connection with any loss, damage, or injury resulting from the negligence or other fault of contractor, or contractor's agents, representatives, or employees. The insurance coverage to be maintained are:

a. The following coverage in amounts complying with state or military installation requirements, whichever is greater, where this contract is performed:

(1) Worker's Compensation and Employer's Liability Insurance.

(2) Automobile Bodily Injury and Property Damage Liability for vehicles operated in performance of this contract by the contractor or contractor's agents or employees on the military installation, whether or not owned by contractor.

b. The contractor will maintain the coverage's listed below and will furnish a current Certificate of Insurance, ACORD Form 25-S, showing the insurance is in effect. Contractor will provide evidence of continuation of coverage not less than 60 days prior to expiration of such coverage to the Contracting Officer. The Certificate of Insurance must show the United States, AAFES and MCX as additional insured's for all liability coverage's. The "INSURED" block of the Certificate of Insurance must list both the contractor's name and AAFES contract number.

Commercial General Liability in minimum limits for Bodily Injury and Property Damage combined of:

\$1,000,000 Each Occurrence Limit  
\$2,000,000 General Aggregate Limit

This insurance policy will be written on an "occurrence" basis. A policy written on a "claims made" basis is not acceptable.

Certificate should be mailed to:

AAFES  
Attn: Christopher Brammeier, SD-Z  
3911 S. Walton Walker Blvd.  
Dallas, TX 75236-1598

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