

ATTACHMENT I

Client#: 117510

CITYTAM1

A

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/0000

PRODUCER ABC Insurance Agency 555 Main Street Tampa, FL 33333-0000	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED XYZ Company 123 Apple Street Tampa, FL 22222-0000	INSURER A: Insurance Carrier	12345
	INSURER B: Insurance Carrier	67891
	INSURER C: Insurance Carrier	23456
	INSURER D:	_____
	INSURER E:	_____

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
F	A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT PER POLICY: _____ PER PROJECT: _____ LOC: _____	G G1234567 I	J 01/01/0000	J 01/01/0000	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$1,000,000
L	B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____	1234567	01/01/0000	01/01/0000	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$, AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
M	C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	1234567	01/01/0000	01/01/0000	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

N
O
 The City of Tampa is included as an Additional Insured with regards to services provided by the named insured under above General Liability and Automobile Liability policies.
 Regarding: (example) Helicopter Training, Tampa Police Department, March 1-3 2006.

CERTIFICATE HOLDER

CANCELLATION

P City of Tampa PLEASE INCLUDE CITY DEPT. 411 N. Franklin St. 2nd Floor Tampa, FL 33602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Acord 25 Certificate of Insurance

(Instructions for completing and submitting a certificate to the City of Tampa)

Complete the certificate of insurance with the information listed below:

- A) Certificate of Insurance date
- B) Producer (Insurance Agency) Information - complete name, address, and telephone information
- C) Insureds (Insurance Policy Holder) Information - complete name & address information
- D) Insurer (name/names of insurance company) ******(Remember the City requires all insurance companies to be **Authorized** to do business in the State of Florida and be rated by A.M. Best with a rating of B+ (or better) Class VI (or higher) or otherwise be acceptable to the City if not rated by A. M. Best)******
- E) NAIC # (National Association of Insurance Commissioners, a # that is assigned by the State to all insurance companies)
- F) Insurer letter represents which insurance company provides which type of coverage
- G) General Liability Insurance Policy - must have an (x) in box
- H) Occurrence type policy - must have an (x) in the box (occurrence policy preferred but claims made policy can be accepted with special approval)
- I) Insurance Policy #
- J) Insurance policy effective dates
- K) Insurance Policy limits
 - A) Each occurrence **\$1,000,000**
 - B) Damaged to Rented Premises **\$50,000**
 - C) Medical Expense **\$5,000** (note, may have a \$0 limit or may be **excluded**)
 - D) Personal & Advertising Injury **\$1,000,000**
 - E) General Aggregate **\$2,000,000**
 - F) Products Completed Operations **\$1,000,000**
- L) Automobile Liability Insurance information must be completed in this section of the certificate of insurance form (if applicable)
- M) Worker's Compensation and Employers Liability Insurance information must be completed in this section of the certificate of insurance form (if applicable)
- N) City of Tampa Department must be named as an additional insured on the policy in this section
- O) Certificate must state the department, date, and purpose as to why the certificate was provided
- P) City of Tampa Department Name and address information must be listed in this section
- Q) Certificate's cancellation clause must provide at least **30** days for cancellation in this section
- R) The certificate must be signed by the **Authorized Agent** in this section of the certificate form.

NOTE ONLY A PRODUCER (INSURANCE AGENCY) SHOULD COMPLETE & SIGN THIS FORM

FOR ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL REGINA LOCK, CITY OF TAMPA RISK MANAGEMENT DEPT. 813-274-5737.