



City of Tampa

Jane Castor, Mayor

CITY OF TAMPA PARKS AND RECREATION DEPARTMENT RULES, REGULATIONS AND REQUIREMENTS FOR SPECIAL EVENT AND FACILITY USE PERMIT INSURANCE

Permittee shall provide, at his/her own expense, and prior to permit issuance, insurance coverage with companies authorized to do business in Florida, with an A.M. Best rating of B+ (or better) Class VII (or higher), or otherwise be acceptable to the City if not rated by A.M. Best. All insurance shall be from responsible companies duly authorized to do business in the State of Florida. A commercial general liability insurance policy with a limit of \$1,000,000 per occurrence and a \$2,000,000 general aggregate shall be provided as to the operations of the permittee including the additional insured endorsement and the Severability of Interest Provision. (If the permittee is a food vendor, the insurance coverage must also include vendor sales). The insurance coverages and limits required must be evidenced by a properly executed Acord 25 Certificate of Insurance form or its equivalent. Each Certificate must be personally manually signed by the Authorized Representative of the insurance company shown in the Certificate with proof that he/she is an authorized representative thereof.

The insurance coverages required herein are to be primary to any insurance carried by the City or any self-insurance program thereof. All claims made insurance policies must provide the retroactive date on the proof of coverage. Permit cannot be issued with City approval and a properly executed Acord certificate of insurance form or its equivalent that has been signed by the authorized agent and approved by the City.

Please see page 2 for a sample certificate of insurance form. Insurance coverage must include not only special event operating dates and times, but also set up dates and times through the completion of all equipment removal from the facility.

Insurance required for Special Events must be provided to the Office of Special Events a minimum of 30 days prior to the Event date. Insurance for Facility Use Permits must be provided to the Park Site Supervisor a minimum of 15 days prior to the Facility Use date. Failure to provide a correct and acceptable Certificate of Insurance (including all the proper endorsements and a policy number not a binder) within the time frames specified will result in an automatic denial of permit.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER		CONTACT NAME: John Smith	
ABC Insurance Agency 1234 Insurance Street Tampa, FL 33602		PHONE (A/C, No. Ext): (813) 333-3555	FAX (A/C, No):
		E-MAIL ADDRESS: john.smith@yahoo.com	
			INSURER(S) AFFORDING COVERAGE
INSURER A: Travelers Insurance Company			NAIC # 5302010
INSURER B: A.M. Best B+ VII or Better Insurance Carrier			
INSURER C: A.M. Best B+ VII or Better Insurance Carrier			
INSURER D: A.M. Best B+ VII or Better Insurance Carrier			
INSURER E: A.M. Best B+ VII or Better Insurance Carrier			
INSURER F: A.M. Best B+ VII or Better Insurance Carrier			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			123456789	01/01/2024	01/01/2025	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Per Project Agg.		X				PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:							\$
B	AUTOMOBILE LIABILITY			123456789	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/>					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>	NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		123456789	01/01/2024	01/01/2025	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB		CLAIMS-MADE <input type="checkbox"/>				AGGREGATE	\$ 5,000,000
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N		123456789	01/01/2024	01/01/2025	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
E								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Tampa must be named as an Additional Insured as respects to the General Liability insurance coverages as required by permit or project. (Agent may also opt to specify exact dates, times, location, activities, and specific dates covered by permit, or can specify ongoing activities and leave open ended to coincide with the insured's policy dates.)

Agent may describe a specific activity and dates that are covered, or may elect to have the insurance open-ended (for clients who frequently conduct activities or vend regularly at our sites.) In this instance the agent would also select the "Policy" box above.

CERTIFICATE HOLDER

CANCELLATION

City of Tampa
Parks & Recreation Department
Attn: Special Events Office
3402 West Columbus Drive
Tampa, FL 33607

This address must be written in the form.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mr. John Smith