

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**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 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).

<b>PRODUCER</b>  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                 The Licensee/Lessee/Industry identified in the agreement must be the named insured. The City of Avon Park will not accept the contractor's certificate.             </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE:</b></td> <td><b>FAX:</b></td> </tr> <tr> <td colspan="2"><b>EMAIL:</b></td> </tr> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr><td>INSURER A</td><td></td></tr> <tr><td>INSURER B</td><td></td></tr> <tr><td>INSURER C</td><td></td></tr> <tr><td>INSURER D</td><td></td></tr> <tr><td>INSURER E</td><td></td></tr> <tr><td>INSURER F</td><td></td></tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE:</b>	<b>FAX:</b>	<b>EMAIL:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A		INSURER B		INSURER C		INSURER D		INSURER E		INSURER F	
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**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	ADD INSR	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/> -JECT						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (EA OCCURRENCE)</td><td style="text-align: right;">\$</td></tr> <tr><td>MED EXP (ANY ONE PERSON)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>PRODUCTS COMP/CP/AGG)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$	MED EXP (ANY ONE PERSON)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS COMP/CP/AGG)	\$		\$
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (PER PERSON)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (PER ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (PER ACCIDENT)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (PER PERSON)	\$	BODILY INJURY (PER ACCIDENT)	\$	PROPERTY DAMAGE (PER ACCIDENT)	\$		\$				
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR, PARTNER/EXECUTIVE OFFICER, MEMBER EXCLUDED* Y/N <input type="checkbox"/>						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>WC STATUTORY LIMITS</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER</td><td style="text-align: right;">\$</td></tr> <tr><td>EL EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	WC STATUTORY LIMITS	\$	OTHER	\$	EL EACH ACCIDENT	\$		\$						
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DESCRIPTION OF OPERATIONS		<div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     Standard limits of liability. Must contain a waiver of subrogation in favor of the City of Avon Park of one million dollars (\$1,000,000) per occurrence.                 </div>																			
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;">                     This box (or the Additional Remarks Schedule) should contain the following: The City of Avon Park is included as an additional insured with respect to liability arising out of the named insured's work (operations and completed operations), under form CG 20 10 11 85 or equivalent, not limited to the city's vicarious liability. The additional insured coverage is primary to and non-contributory with the city's insurance. The umbrella/excess coverage follows form to the primary. This certificate applies to all contracts and indemnification agreements between the named insured and the city.                 </div>																					

CERTIFICATE HOLDER

CANCELLATION

The City of Avon Park  
110 E Main St  
Avon Park, FL 33825

Per the term of the agreement, this should state: Should any of the above described policies be modified, cancelled, or not renewed, the issuing insurer shall mail 30 days written notice to the certificate holder named herein.

**NOTE: A copy of the additional insured endorsement or a full copy of the policy must be provided with this Certificate of Insurance before the start of work.**

EXAMPLE