

CITY OF TAMPA PARKS & RECREATION DEPARTMENT RULES, REGULATIONS, & REQUIREMENTS FOR
FOOD VENDING INSURANCE REQUIREMENTS

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 include vendor sales}. The insurance coverages and limits required must be evidenced by a properly executed Acord 25 Certificate of Insurance on 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. Thirty days' (30) written notice must be given to the City of any cancellation, intent not to renew, or reduction in the policy coverages. 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 can not be issued without City approval and all renewal certificates of annual ongoing events shall be provided to the City within 10 days of the policy expiration. Please see page 2 for a sample certificate of insurance form. Note all certificates of insurance must be completed by a licensed insurance agent.

PRODUCER
ABC Insurance Agency
1234 Insurance Street
Tampa, FL 33602
555-555-1212

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.

COMPANIES AFFORDING COVERAGE

COMPANY A	A.M. Best B+ VII or Better Insurance Carrier
COMPANY B	A.M. Best B+ VII or Better Insurance Carrier
COMPANY C	A.M. Best B+ VII or Better Insurance Carrier
COMPANY D	A.M. Best B+ VII or Better Insurance Carrier

INSURED
ABC Contractor
9873 Contractor Street
Tampa, FL. 33606

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENTS, 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM./DD./YY)	POLICY EXPIRATION DATE (MM./DD./YY)	LIMITS
A	GENERAL LIABILITY	123456789	01/01/2011	12/31/2011	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTORS PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> General aggregate applies per policy				FIRE DAMAGE (Any one Fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT
	ANY AUTO				BODILY INJURY (Per Person)
	ALL OWNED AUTOS				BODILY INJURY (Per Accident)
	SCHEDULED AUTOS				PROPERTY DAMAGE
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT
					AGGREGATE
	EXCESS LIABILITY				EACH OCCURRENCE
	UMBRELLA FORM				AGGREGATE
	OTHER THAN UMBRELLA FORM				Retention:
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	THE PROPRIETIER/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT
	<input type="checkbox"/> INCL				EL DISEASE-POLICY LIMIT
	<input type="checkbox"/> EXCL				EL DISEASE-EA EMPLOYEE
	OTHER				Limits Required by Contract

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE/SPECIAL ITEMS

The City of Tampa is named as an Additional Insured as respect to the General Liability insurance coverages as required by written contract.

CERTIFICATE HOLDER
City of Tampa
Parks & Recreation Department
C/O Ebix (Periculum Services Group)
PO Box 257
Portland, MI 48875

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
JOSEPH SAMPLE