



CITY OF TAMPA

Bob Buckhorn, Mayor

Parks and Recreation Department

Karen Palus, Director

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 can not 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/YY)
3/1/2011

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).

PRODUCER ABC Insurance Agency 1234 Insurance Street Tampa, FL 33602	Contact Name: John Smith Phone (555) 333-3555 (A/C No. Ext.): 5555 Main Street Tampa, Florida 33610 E-Mail Address: john.smith.smith@yahoo.com	FAX (A/C) No.:
	INSURER90 AFFORDING COVERAGE COMPANY A Travelers Insurance Company NAIC# 5302010 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 COMPANY E A.M. Best B+ VII or Better Insurance Carrier COMPANY F A.M. Best B+ VII or Better Insurance Carrier	
INSURED ABC Contractor 9873 Contractor Street Tampa, FL 33606		

Comment [sg1]: Agents Full Name, Phone number, FAX Number, Mailing Address and Email address must be completed in the CONTACT section

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
THIS ID 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	Addl Insr	Subr Wvr	POLICY NUMBER	POLICY EFTE (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	X		123456789	01/01/11	01/01/12	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
	<input type="checkbox"/> Per Project Agg.						EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						FIRE DAMAGE (Any one Fire) \$ 100,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY			123456789	01/01/11	01/01/12	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per Person)
	<input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per Accident)
C	UMBRELLA LIAB			123456789	01/01/11	10/01/12	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	N/A		123456789	01/01/11	01/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNERSHIP/EXECUTIVE OFFICERS/MEMBER EXCLUDED? (Mandatory in NH)						EL EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL DISEASE-POLICY LIMIT \$ 500,000
							EL DISEASE-EA EMPLOYEE \$ 500,000
E	OTHER						

Comment [sg2]: Agent must check one of the three boxes listed: Either Policy, Project, or LOC

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
The City of Tampa is named as an Additional Insured as respects to the General Liability insurance coverages as required by permit project. (Agent may also opt to specify exact dates, times, location, activities, and specific dates covered by permit, or can specify activities and leave open ended to coincide with the insured's policy dates.)

Comment [sg3]: 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 City of Tampa Parks & Recreation Department Attn: Special Events Office 3402 West Columbus Drive Tampa, Florida 33607 Fax (813) 274-7744	CANCELLATION SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Mr. John Smith	MANUALLY PRODUCED AGENT'S SIGNATURE <i>John Smith</i>
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Comment [sg4]: Agent's Signature Manually Produced