

INSURANCE REQUIREMENTS
For Goods/Services, Bids/Requests for Proposals, Awards/Contracts

During the life of the award/contract the Awardee/Contractor shall provide, pay for, and maintain insurance 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 for City contracts shall be placed only with A.M. Best rated carriers duly licensed to provide insurance in the State of Florida.** All commercial general liability insurance policies (and Excess or Umbrella Liability Insurance policies, only if applicable) shall provide that the City is an additional insured as to the operations of the Awardee/Contractor under the award/contract including the additional insured endorsement, the subrogation waiver endorsement, and the Severability of Interest Provision. All insurance certificates must state the following language in the Description of Operations section of the Acord Certificate: ***"The City of Tampa is additional insured with regards to the General Liability"*** or by attaching an Endorsement Page to the Acord Certificate designating the City of Tampa as the additional insured. In lieu of the additional named insured requirement, if the Awardee/Contractor's company has a declared existing policy which precludes it from including additional insureds, the City may permit the Contractor to purchase an Owners and Contractors Protective Liability policy. Such policy shall be written in the name of the City at the same limit as is required for General Liability coverage. The policy shall be evidenced on an insurance binder which must be effective from the date of issue until such time as a policy is in existence and shall be submitted to the City in the manner described below as applicable to certificates of insurance. 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. City no longer requires direct notice of cancellation. Should any aggregate limit of liability coverage be reduced, it shall be immediately increased back to the limit required by the award/contract. 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.

Within ten working days of receipt of notification of intent to award, the successful Bidder/Proposer shall provide the City of Tampa Purchasing Department the required insurance on the Acord 25 Certificate of Insurance form (or its equivalent). Failure to furnish by the 10th working day may disqualify Bidder/Proposer as non-responsible, unless the due date is extended by the Director of Purchasing or his Designee.

The City may waive any or all of these requirements based on the specific nature of goods or services to be provided under the award/contract.

The Awardee/Contractor will be required to provide and pay for the following:

- a. **Commercial General Liability Insurance** shall be provided on the most current Insurance Services Office (ISO) form or its equivalent. This coverage must be provided to cover liability arising from premises and operations, independent contractors, products and completed operations, personal and advertising injury, contractual liability, and XCU exposures (if applicable). Completed operations liability coverage shall be maintained for a minimum of one-year following completion of work. The amount of Commercial General Liability insurance shall not be less than the amount specified.

\$1,000,000 per occurrence and a \$2,000,000 general aggregate.

- b. **Automobile Liability Insurance** shall be maintained in accordance with the laws of the State of Florida, as to the ownership, maintenance, and use of all owned, non-owned, leased, or hired vehicles. The amount of Automobile Liability Insurance shall not be less than the amount specified.
- (a) \$500,000 combined single limit each occurrence bodily injury & property damage.
 - (b) \$1,000,000 combined single limit each occurrence bodily injury & property damage.

The letter preceding the limits of coverage indicates the insurance required for the type of award based on Total Proposal Price.

- (a) \$100,000 and under
- (b) \$100,000 and over

- c. **Worker's Compensation and Employer's Liability Insurance** shall be provided for all employees engaged in the work under the award, in accordance with the laws of the State of Florida. The amount of the Employer's Liability Insurance shall not be less than the amount specified.

Worker's Compensation: Florida Statutory Requirements

Employer's Liability:

- (a) \$500,000 bodily injury by accident and each accident, bodily injury by disease policy limit, and bodily injury by disease each employee.
- (b) \$1,000,000 bodily injury by accident and each accident, bodily injury by disease policy limit, and bodily injury by disease each employee.

The letter preceding the limits of coverage indicates the insurance required for type of award based on Total Proposal Price.

- (a) \$100,000 and under
- (b) \$100,000 and over

- d. **Excess Liability Insurance (Umbrella Policy)** may compensate for a deficiency in general liability, automobile, or worker's compensation insurance coverage limits.

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| PRODUCER ABC Insurance Agency 1234 Insurance Street Tampa, FL 33602 | 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 | |
| INSURED ABC Contractor 9873 Contractor Street Tampa, FL. 33606 | 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 |

COVERAGES
 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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM./DD./YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------|--|---------------|------------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY | 123456789 | 01/01/15 | 01/01/16 | 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"/> Per Project Agg. | | | | FIRE DAMAGE (Any one Fire) \$ 100,000 |
| | | | | | MED EXP (Any one person) \$ 5,000 |
| B | AUTOMOBILE LIABILITY | 123456789 | 01/01/15 | 01/01/16 | COMBINED SINGLE LIMIT \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per Person) |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per Accident) |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY-EA ACCIDENT |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN AUTO ONLY: |
| | | | | | EACH ACCIDENT |
| | | | | | AGGREGATE |
| C | EXCESS LIABILITY | 123456789 | 01/01/15 | 10/01/16 | EACH OCCURRENCE \$ 5,000,000 |
| | <input checked="" type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE \$ 5,000,000 |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | Retention: \$ 10,000 |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 123456789 | 01/01/15 | 01/01/16 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | | | | | EL EACH ACCIDENT \$ 1,000,000 |
| | THE PROPRIETER/ PARTNERS/EXECUTIVE OFFICERS ARE: | | | | EL DISEASE-POLICY LIMIT \$ 1,000,000 |
| | <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | EL DISEASE-EA EMPLOYEE \$ 1,000,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE/SPECIAL ITEMS
 The City of Tampa is named as additional insured on the above general liability insurance policy.

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| CERTIFICATE HOLDER City of Tampa Risk Management Department 306 East Jackson Street Tampa, Florida 33602 | CANCELLATION 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  |