



CITY OF TAMPA

Bob Buckhorn, Mayor

Parks and Recreation Department

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/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 | FAX (A/C) No.: |
| | E-Mail Address: john.smith@yahoo.com | |
| INSURER90 AFFORDING COVERAGE | | |
| COMPANY A | | NAIC# |
| COMPANY B | | 5302010 |
| COMPANY C | | |
| COMPANY D | | |
| COMPANY E | | |
| COMPANY F | | |

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 EFFE (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 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS-COMP/OP AGG \$ 1,000,000 |
| | CLAIMS MADE X OCCUR | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | Per Project Agg. | | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | FIRE DAMAGE (Any one Fire) \$ 100,000 |
| | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | \$ |
| B | AUTOMOBILE LIABILITY | | | 123456789 | 01/01/11 | 01/01/12 | COMBINED SINGLE LIMIT \$ 1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per Person) |
| | X ALL OWNED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS | | | | | | BODILY INJURY (Per Accident) |
| | | | | | | | PROPERTY DAMAGE |
| C | X UMBRELLA LIAB X OCCUR | | | 123456789 | 01/01/11 | 10/01/12 | EACH OCCURRENCE \$ 5,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE \$ 5,000,000 |
| | DED RETENTIONS | | | | | | \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | N/A | | 123456789 | 01/01/11 | 01/01/12 | X WC STATUTORY LIMITS OF THE \$ |
| | V/N 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 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  |
|--|---|---|

Comment [sg4]: Agent's Signature Manually Produced