



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).

PRODUCER Insurance Agent Information	CONTACT NAME: Insurance Agent Contact Information	
	PHONE (A/C, No., Ext.):	FAX (A/C, No.):
INSURED Insured Name Insured Address	INSURER(S) AFFORDING COVERAGE	
	INSURER A: AM BEST RATING A-VII OR BETTER	NAIC #
	INSURER B:	Submit #
	INSURER C:	
	INSURER D:	
	INSURER E:	

as per contract the insurer has to be AM Best rating A-VII or better.

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.

INSURER LTR	TYPE OF INSURANCE	ADOL. SUBR. RISK	WOOD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY			policy number	Eff. date	Exp. date	EACH OCCURRENCE \$200,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY 100,000 if apply GENERAL AGGREGATE 300,000 PRODUCTS - COMP/OP AGG 100,000 if apply
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	policy number	Eff. date	Exp. date	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR \$ EXCESS LIAB CLAIMS-MADE \$ DED RETENTION \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY if applies <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	policy number	Eff. date	Exp. date	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			policy number	Eff. date	Exp. date	\$15,000 Per Participant \$1,000,000 Per Claim \$2,000,000 Aggregate \$1,000,000 Per Claim \$1,000,000 Agg
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	policy number	Eff. date	Exp. date	Workers compensation applicable in the state of FL
	<input type="checkbox"/> AD&D if applies <input type="checkbox"/> Sexual Molestation <input type="checkbox"/> Professional Liability if applies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	policy number	Eff. date	Exp. date	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

summer camp or Program name:
 • The City of Jacksonville, its members, officials, officers, employees and agents are named as additional insured on General Liability, Sexual Molestation and Automobile Liability. • Coverages are Primary and Non-Contributory • Waiver of Subrogation in favor of the City of Jacksonville, its members, officials, officers, employees and agents applies to General Liability, Auto Liability, Sexual molestation, Professional Liability and Workers Compensation. • 30 day notice of cancellation to the City of Jacksonville, its members, officials, officers, employees and agents applies on General Liability, Auto Liability, Sexual molestation, Professional Liability and Workers Compensation.

CERTIFICATE HOLDER CANCELLATION

CITY OF JACKSONVILLE 117 W. DUVAL STREET STE 335 JACKSONVILLE, FL 32202	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 <i>Authorizing Agency Representative</i>
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