



PARKS AND RECREATION DIVISION • Administrative Offices
950 N.W. 38th St. • Oakland Park, FL 33309-5982 • 954-357-8100 • TTY 954-537-2844 • FAX 954-357-5991

*Winner of the National Gold Medal Award for Excellence in Park and Recreation Management
Accredited by the Commission for Accreditation of Park and Recreation Agencies (CAPRA)*

INSURANCE REQUIREMENTS FOR PARKS & RECREATION DIVISION

A Certificate of Insurance is acceptable as evidence of insurance.

CERTIFICATE REQUIREMENTS:

1. Certificate must be signed by the insurance company’s authorized representative.
2. **Certificate Holder** must be exactly: **Broward County**, 950 NW 38th St, Oakland Park, FL 33309.
3. Broward County must also be named as **Additional Insured**.
4. Business/Organization name and address of the insured must be on certificate and match name on permit/contract/agreement with County.
5. Producer (insurance agent) name and contact information should be listed.
6. Insurer(s) affording coverage must have an A.M. Best Rating of at least “A-“ with Financial Size Category of at least Class VII and/or have authority from the Florida Office of Insurance Regulation to transact in Florida.
7. Brief description of operations and dates if usage will be restricted to a small set of dates.
8. 30 days written notice of cancellation is required (except 10 days for non-payment of premium).

COVERAGE REQUIREMENTS:

| Type of Coverage | Minimum Coverage | Who it Applies To |
|-----------------------------|-------------------------|---|
| General Liability | \$1,000,000 | All* |
| Product Liability | | Food / Item Vendors |
| Automobile Liability | \$500,000 | All businesses using vehicles in the operation of duties on park property |
| Abuse / Molestation | \$500,000 | Camp Groups (other than day trips) |
| Workers Compensation | Statutory Limits | All businesses with four or more employees |

GOVERNMENTAL ENTITIES:

Governmental entities such as cities and counties may provide a self-insurance letter in lieu of a certificate of insurance.

SEND YOUR CERTIFICATE OF INSURANCE TO:

| | |
|---|--|
| Registered Vendors | ParksVendors@broward.org |
| Special Event Promoters | ParksVendors@broward.org |
| Nonprofits, Sports Teams, Associations | ParksSafety@broward.org |
| Camp Groups | ParksSafety@broward.org |
| Instructors / Teachers | ParksVendors@broward.org |

If you have any questions, please call 954-357-8164 or 954-357-8172.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2019

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 Company Name Insurance Company Address | CONTACT NAME: Insurance Agent's Name | FAX (A/C, No): | |
| | PHONE (A/C, No, Ext): Insurance Agent's Phone Number | E-MAIL ADDRESS: Insurance Agent's Email Address | |
| INSURED Your Company Name Your Company Address | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: | Insurance Company Providing Coverage | 12345 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | | ABC12345-67 | 04/23/2019 | 04/23/2020 | EACH OCCURRENCE \$ Amount of Coverage |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Amount of Coverage |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | | | | | | | GENERAL AGGREGATE \$ Amount of Coverage |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ Amount of Coverage |
| | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input 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 | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | WC STATUTORY LIMITS |
| | | | | | | | OTHER |
| | | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

Certificate holder is listed as additional insured with respects to General Liability.**(THIS IS A SAMPLE CERTIFICATE ONLY. BROWARD COUNTY MUST BE LISTED AS CERTIFICATE HOLDER AND ADDITIONAL INSURED.)****CERTIFICATE HOLDER****CANCELLATION**

| | |
|---|--|
| Broward County 950 NW 38th St Oakland Park, FL 33309 | 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 Insurance Agent's Signature |