

## Certificate of Insurance

In consideration of the premiums charged for the insurance policies shown in this certificate, this certificate of insurance is issued to the certificate holder shown below. This certificate does not amend, extend or alter the coverage afforded by the policies listed below except as shown below.

NAME AND ADDRESS OF AGENCY	COMPANIES AFFORDING COVERAGES
NAME AND ADDRESS OF INSURED	COMPANY LETTER A
	COMPANY LETTER B
	COMPANY LETTER C
	COMPANY LETTER D
	COMPANY LETTER E

This is to certify that the insurance policies listed below have been issued to the insured and are in force at this time. It is agreed that none of these policies will be cancelled, non-renewed or reduced in coverage (except in the application of the aggregate liability limits provision) until after 30 days written notice of such action has been delivered to the certificate holder at its address shown below. The policies shown in this certificate are primary to any insurance carried by the certificate holder or any self insurance thereof, with respect to the activities of the insured named above.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS		
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE <input type="checkbox"/> X.C.U. COVERAGES <input type="checkbox"/> _____ <input type="checkbox"/> _____				GENERAL AGGREGATE \$ _____ PRODUCT COMP. OPS AGGREGATE \$ _____ PERSONAL & ADVERTISING INJURY \$ _____ EACH OCCURRENCE \$ _____ FIRE DAMAGE (ANY ONE FIRE) \$ _____ MEDICAL EXPENSE (ANY ONE PERSON) \$ _____ SPECIFIC AGGREGATES *(SEE BELOW) \$ AS ABOVE		
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> _____				BODILY INJURY (EACH PERSON) \$ _____ BODILY INJURY (EACH ACCIDENT) \$ _____ PROPERTY DAMAGE \$ _____ BODILY INJURY AND PROPERTY DAMAGE COMBINED \$ _____		
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED \$ _____	EACH OCCURRENCE \$ _____	AGGREGATE \$ _____
	<b>WORKER'S COMPENSATION and EMPLOYER'S LIABILITY</b>				STATUTORY (EACH ACCIDENT) \$ _____ (DISEASE POLICY LIMIT) \$ _____ (DISEASE EACH EMPLOYEE) \$ _____		
	<b>OTHER</b>						

The City of Panama City Beach is included as an additional insured as respects the General, Automobile, and Excess Liability Policies described herein.

DESCRIPTION OF OPERATIONS/VEHICLE/SPECIAL ITEMS:

\*SPECIFIC AGGREGATE LIABILITY LIMITS APPLY TO:

NAME AND ADDRESS OF CERTIFICATE HOLDER  <p style="text-align: center;"><b>CITY OF PANAMA CITY BEACH</b>                  Address: 110 S. Arnold Road                  Panama City Beach, FL 32413</p> PHONE: (850) 233-5100 FAX: (850) 233-5108	Date issued: _____ Authorized Representative: <p style="text-align: center;">(Original Signature Required)</p> <p style="text-align: center;">(Print/Type Name)</p> Address: _____ Telephone # _____ FAX # _____
---	---

## **City of Panama City Beach, Florida**

### **INSTRUCTIONS TO AGENTS ON COMPLETING THE CITY CERTIFICATE OF INSURANCE**

The Florida Department of Insurance has approved the general form and substance of the City's Certificate of Insurance form for use in the State of Florida. For further information, please contact the City's Public Works Department.

In order to prevent unnecessary follow-up work on the Certificate or delay in the start of your insured's activity under its contract with the City, please follow these instructions:

1. Complete the City's Certificate of Insurance as required in your insured's contract with the City.
2. Show the full name of your insured as shown in its contract with the City.
3. Show the full names of the insurance companies providing coverages.
4. Under the General Liability section, show the coverages applicable by checking the appropriate boxes.
5. If required in your insured's contract with the City, the Specific General Aggregate Limit for the Certificate holder's project or location must be included in the Commercial General Liability Policy and must be shown with a description of the project or location on the line beginning near the bottom of the Certificate titled "Specific Aggregate Liability."
6. Automobile Liability Coverage should be shown as applicable to "any auto" and "hired and non-owned autos" by checking the appropriate boxes.
7. Indicate whether Excess Liability is written on a "claims made" or "occurrence" form. If employers' Liability Coverage is not included, please indicate.
8. Included a brief description of the contract involving your insured in the space provided under the Description of Operations.
9. The liability policies must include the City as an additional insured.
10. Complete the signature section, showing the mailing address, telephone number, and FAX number of the Authorized Representative. Please also type the Authorized Representative's name under the signature. Facsimile signature is not acceptable; a manual signature of the Authorized Representative is required.
11. If time is of the essence in submitting this document, you may send a facsimile transmittal; however, you must provide a cover sheet for the document stating the Agent's signature was manually produced and not a "stamped" signature and you must follow-up by mailing the original document back to the Department indicated in the lower left corner of the Certificate.