



Town of Jupiter Vendor/Service Provider/Performer INSURANCE REQUIREMENTS

1. The **[Vendor/Service Provider/Performer]** shall procure and maintain during the term of this Contract - at its sole cost and expense and in a form and content acceptable to TOWN - insurance from an insurance company licensed in the State of Florida and acceptable to TOWN.
2. The required insurance shall be evidenced by a Certificate of Insurance submitted to TOWN at the time of entering into the Contract. **[Vendor/Service Provider/Performer] shall name "Town of Jupiter" as the certificate holder AND additional insured under the general liability policy.** The policy shall carry minimum coverage limits of **\$1,000,000 per occurrence combined single limit**, and shall cover claims for damages for bodily injury, sickness, disease, or death, or to injury or destruction of tangible property including loss of use resulting therefrom. The Certificate of Insurance must be in effect and reflect the **correct policy dates for the date of the Event(s)**. Additionally, a **copy of an issued endorsement** from the carrier which adds TOWN as an additional insured must be submitted no later than five (5) days after executing the Contract.
3. **[Vendor/Service Provider/Performer]** must maintain in full force and effect Workers' Compensation insurance for the **[Vendor/Service Provider/Performer]** and any agents, employees, and staff that the [Contractor/Performer /Vendor] employs, and must provide TOWN proof of such coverage, or that such Workers' Compensation insurance is not required under the circumstances and governing law. If [Contractor/Performer /Vendor] in accordance with Florida Statute 440.05 applies for and obtains an exemption authorized by the Department of Insurance, a copy of such exemption shall be provided to TOWN. Additional coverage limits may be required based on the type and scope of the Event and expected attendance.
4. A copy of all notices from the insurance company which pertain to any policy required above must be provided to TOWN within five (5) days of receipt of such notices. The insurance company shall be instructed to provide a thirty (30) day advanced notice of cancellation to TOWN. All certificates and the carrier endorsements must be submitted to TOWN at minimum two (2) weeks prior to the Event. TOWN reserves the right to terminate the Contract for the **[Vendor/Service Provider/Performer]**'s and its insurance carriers' failure to comply with any of the insurance provisions herein.



CERTIFICATE OF LIABILITY INSURANCE

Certificate Date

DATE (MM/DD/YYYY)
10/03/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UNDER THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE CERTIFICATE HOLDER AND THE INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER OF THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed to provide coverage. Policies may require an endorsement. A statement of coverage is **WAIVED**, subject to the terms and conditions of the policy(ies). This certificate holder in lieu of a statement of coverage does not confer rights to the certificate holder in lieu of a statement of coverage.

Insurance Agency Name

Insurance Agency Contact Info

Insurance Company Name

Insured / Vendor

PRODUCER ACME Insurance Agency 123 Agent Street Anywhere, NH 03400	CONTACT NAME: Insurance Agent's Name PHONE (A/C, No, Ext): (561) 123-4567 E-MAIL: insuranceagent@insuranc ADDRESS: insuranceagent@insuranc	891-1234
INSURED ABC Company 999 Policyholder Avenue Anytown, NH 03400	INSURER(S) AFFORDING INSURER A : Best Insurance of NH INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 0123

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH THIS CERTIFICATE MAY BE APPLICABLE, THE COVERAGE PROVIDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO THE EXCLUSIONS AND LIMITS OF EACH POLICY. THE COVERAGE PROVIDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO THE EXCLUSIONS AND LIMITS OF EACH POLICY.

General Liability Insurance

Additional Insured

Effective Dates

Coverage Limits

INSR LTR	GENERAL LIABILITY	ADDITIONAL INSURED	CERTIFICATE NUMBER	REVISION NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	GL1234567		01/01/16	01/01/17	EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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"/>	BA27582		01/01/16	01/01/17	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	WC94155		01/01/16	01/01/17	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000.00 E.L. DISEASE - EA EMPLOYEE \$ 500,000.00 E.L. DISEASE - POLICY LIMIT \$ 100,000.00

Additional Insured Language

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Town of Jupiter named as "Additional Insured" , event date (Saturday, December 5, 2015).
Town of Jupiter "Additionally Insured" for all events held at Town Facilities for the effective policy dates on this COI.

CERTIFICATE HOLDER CANCELLATION

Town of Jupiter 210 Military Trail Jupiter, FL 33458	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
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Certificate Holder