

CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY) (1)		
<p>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 AMENT, 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.</p>							
<p>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 does not confer rights to the certificate holder in lieu of such endorsement(s).</p>							
PRODUCER: ABC AGENCY		INSURER(S) AFFORDING COVERAGE					
INSURED: (3) SUCCESSFUL BIDDER		Company A XYZ MUTUAL INSURANCE CO. (2) Company B Company C					
COVERAGES							
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE 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.</p>							
CO LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFF. EFF. DATE	POLICY EXPI. DATE	LIMITS	
(4) A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	(5) GL123	(6) XX/XX/XX	(7) XX/XX/XX	GENERAL AGG (8)	
	<input type="checkbox"/>					PRODUCTS-COMP/OP	SEE CONTRACT FOR LIMITS
	<input checked="" type="checkbox"/>	OCCURRENCE FORM				PER INJ/ADV INJ	
	<input type="checkbox"/>					EACH OCCURRENCE	
(9) A	<input checked="" type="checkbox"/>	ANY AUTO	(5) BA123	(6) XX/XX/XX	(7) XX/XX/XX	COMBINED SINGLE LIMIT (8)	
	<input checked="" type="checkbox"/>	HIRED AUTO				SEE CONTRACT FOR LIMITS	
	<input checked="" type="checkbox"/>	NON-OWNED AUTO					
(11)	<input type="checkbox"/>	EXCESS LIABILITY / UMBRELLA LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/>					AGGREGATE	SEE CONTRACT FOR LIMITS
(12) A	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	(5) WC123	(6) XX/XX/XX	(7) XX/XX/XX	X WC STATUTORY LIMITS (8)	
	<input type="checkbox"/>					EL EACH ACCIDENT	\$100,000
	<input type="checkbox"/>					EL DIS - POLICY LIMIT	\$500,000
	<input type="checkbox"/>					EL DIS - EA EMPLOYEE	\$100,000
(10) (13)	OTHER		(USE THIS SECTION FOR OTHER REQUIRED INSURANCE SUCH AS PROFESSIONAL LIABILITY, POLLUTION LIABILITY, BUILDERS RISK....ETC.)				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: (14) CITY OF SUNRISE IS ENDORSED AS AN ADDITIONAL INSURED ON COMMERCIAL GENERAL LIABILITY. RE: BID/RFP/PO# _____							
CERTIFICATE HOLDER			CANCELLATION (16)				
(15) CITY OF SUNRISE ATTN: BUYERS/CONTRACT MONITORS NAME PURCHASING DEPARTMENT 10770 W. OAKLAND PARK BLVD SUNRISE, FL 33351			SHOULD ANY OF THE ABOVE POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MUST BE SIGNED (17)				
ACORD 25 (2010/05)							