

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

INSURED

**YOUR COMPANY NAME HERE****Companies providing coverage**

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | POLICY NUMBER                         | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                      |      |
|----------|--|---------------------------------------|----------------------------------|-----------------------------------|-----------------------------|------|
|          | GENERAL LIABILITY  |                                       |                                  |                                   | EACH OCCURRENCE             | \$   |
|          | COMMERCIAL GENERAL LIABILITY   |                                       |                                  |                                   | FIRE DAMAGE (Any one fire)  | \$   |
|          | <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | <b>Must Include General Liability</b> |                                  |                                   |                             |      |
|          |  |                                       |                                  |                                   | MED EXP (Any one person)    | \$   |
|          |  |                                       |                                  |                                   | PERSONAL & ADV INJURY       | \$   |
|          | AUTOMOBILE LIABILITY   |                                       |                                  |                                   | GENERAL AGGREGATE           | \$   |
|          | ANY AUTO   |                                       |                                  |                                   | PRODUCTS - COMP/OP AGG      | \$   |
|          | ALL OWNED AUTOS  | <b>SAMPLE CERTIFICATE</b>             |                                  |                                   |                             |      |
|          | SCHEDULED AUTOS  |                                       |                                  |                                   |                             |      |
|          | HIRED AUTOS  |                                       |                                  |                                   |                             |      |
|          | GARAGE LIABILITY   |                                       |                                  |                                   | AUTO ONLY - EA ACCIDENT     | \$   |
|          | ANY AUTO   |                                       |                                  |                                   | OTHER THAN EA ACC           | \$   |
|          |  | <b>SAMPLE CERTIFICATE</b>             |                                  |                                   |                             |      |
|          |  |                                       |                                  |                                   | AGG                         | \$   |
|          |  |                                       |                                  |                                   |                             |      |
|          | EXCESS LIABILITY   |                                       |                                  |                                   | EACH OCCURRENCE             | \$   |
|          | OCCUR <input type="checkbox"/> CLAIMS MADE                                     |                                       |                                  |                                   | AGGREGATE                   | \$   |
|          |  | <b>SAMPLE CERTIFICATE</b>             |                                  |                                   |                             |      |
|          | DEDUCTIBLE   |                                       |                                  |                                   |                             |      |
|          | RETENTION \$   |                                       |                                  |                                   |                             |      |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                  |                                       |                                  |                                   | WC STATUTORY LIMITS         | OTHR |
|          |  |                                       |                                  |                                   | E.L. EACH ACCIDENT          | \$   |
|          |  |                                       |                                  |                                   | E.L. DISEASE - EA EMPLOYEE  | \$   |
|          |  |                                       |                                  |                                   | E.L. DISEASE - POLICY LIMIT | \$   |
|          |  |                                       |                                  |                                   |                             |      |
|          | OTHER  |                                       |                                  |                                   |                             |      |

**Certificate must contain wording similar to what appears below**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCL

**"THE CERTIFICATE HOLDER IS NAMED AS ADDITIONALLY INSURED WITH REGARD TO GENERAL LIABILITY"**

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION

**City of Pembroke Pines**  
**601 City Center Way**  
**Pembroke Pines FL 33025**

MAIL 30 DAYS WRITTEN  
LEFT.**City Must Be Named as Certificate Holder**

AUTHORIZED REPRESENTATIVE