

## INSURANCE REQUIREMENTS

THE FOLLOWING COVERAGES ARE DEEMED APPROPRIATE FOR MINIMUM INSURANCE REQUIREMENTS FOR THIS PROJECT AND WILL BE REQUIRED OF THE SELECTED FIRM AND IDENTIFIED IN THE NEGOTIATED AGREEMENT. ANY DEVIATION OR CHANGE DURING THE CONTRACT NEGOTIATION PERIOD SHALL BE APPROVED BY RISK MANAGEMENT.

TYPE OF INSURANCE	Limits on Liability in Thousands of Dollars		
		Each Occurrence	Aggregate
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Premises-Operations <input type="checkbox"/> Explosion & Collapse Hazard <input type="checkbox"/> Underground Hazard <input type="checkbox"/> Products/Completed Operations Hazard <input type="checkbox"/> Contractual Insurance <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Personal Injury, (if applicable)	Bodily Injury		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$ 1,000,000	\$ 2,000,000
	Personal Injury		
<b>AUTO LIABILITY</b> <input checked="" type="checkbox"/> Comprehensive Form <input type="checkbox"/> Owned <input type="checkbox"/> Hired <input type="checkbox"/> Non-owned <input type="checkbox"/> Any Auto (If Applicable)	Bodily Injury (each person)		
	Bodily Injury (each accident)		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$ 1,000,000	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form	Bodily Injury and Property Damage Combined	\$	\$
	<input checked="" type="checkbox"/> <b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY (NOTE *)</b> <input checked="" type="checkbox"/> <b>STATUTORY</b>		
	Each Accident	\$100k minimum	\$500k minimum
<input type="checkbox"/> <b>PROFESSIONAL LIABILITY ~ E&amp;O</b>	Max. Ded.		\$
<input type="checkbox"/> <b>PROPERTY COVERAGE / BUILDERS RISK INCLUDE WIND AND FLOOD INS.</b>  <input type="checkbox"/> If project greater than \$10k – installation floater required for replacement of material, equipment, installation, fixtures, etc. which will become a part of the installation, fabrication or construction / contracted project. Otherwise, contractor will be responsible for tools, materials, equipment, machinery etc, until completion and County takes possession.	Maximum Deductible	\$ 10K deductible	Agreed value Replacement Cost
	Each Claim	Contractor responsible for deductible	Contract value / All risk, agreed value. Contractor to provide proof of installation floater to Broward County prior to commencement of work.
Description of Operations/Locations/Vehicles Certificate must show on general liability and excess liability if applicable. <b>Additional Insured: City of Parkland, Florida.</b> Certificate Must be Signed and All applicable deductibles shown.			

**\*NOTE-**If the Company is exempt from Workers' Compensation Coverage please provide a copy of the State's exemption which documents this status and attach to the Certificate of Insurance for approval. Sole proprietors and partners engaged in the non-construction industry should provide a letter on company letterhead certifying the exemption.

**CANCELLATION: Thirty (30) Day written notice of cancellation required to the Certificate Holder:**

<b>Name &amp; Address of Certificate Holder</b>  City of Parkland 6600 N. University Drive Parkland, FL 33067
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INSERT DATE  
Date Issued