

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
GENERAL LIABILITY [X] Commercial General Liability [] Premises—Operations [] Explosion & Collapse Hazard [] Underground Hazard [] Products/Completed Operations Hazard [] Contractual Insurance [] Broad Form Property Damage [] Independent Contractors [] Personal Injury, (if applicable)	Bodily Injury		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$ 1,000,000	\$ 2,000,000
	Personal Injury		
AUTO LIABILITY [X] Comprehensive Form [] Owned [] Hired [] Non-owned [] Any Auto (If Applicable)	Bodily Injury (each person)		
	Bodily Injury (each accident)		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$ 1,000,000	
EXCESS LIABILITY [] Umbrella Form [] Other than Umbrella Form	Bodily Injury and Property Damage Combined	\$	\$
[X] WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY (NOTE *)	[X] STATUTORY		
	Each Accident	\$100k minimum	\$500k minimum
[] PROFESSIONAL LIABILITY ~ E&O	Max. Ded.		\$
[] PROPERTY COVERAGE / BUILDERS RISK INCLUDE WIND AND FLOOD INS.			Agreed value Replacement Cost
[] 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	Contract value /
	Each Claim	Contractor responsible for deductible	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. Additional Insured: City of Parkland, Florida. 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:

Name & Address of Certificate Holder

City of Parkland
6600 N. University Drive
Parkland, FL 33067

INSERT DATE
Date Issued