# `ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

**SAMPLE**

**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 shall be rated a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is "preferred"; however, other ratings if "Secure Best Ratings" may be considered.**

**INSURERS AFFORDING COVERAGE**

INSURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**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.

| INS R LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|
| ** | **GENERAL LIABILITY**<br>____ COMMERCIAL GENERAL LIABILITY<br>____ ____ CLAIMS MADE ____ OCCUR<br>____ _____<br>____ _____<br>GEN=L AGGREGATE LIMIT APPLIES PER:<br>____ POLICY ____ PROJECT ____ LOC | | | | EACH OCCURRENCE<br>FIRE DAMAGE (Any one fire)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $<br>$<br>$<br>$<br>$<br>$ |
| | **AUTOMOBILE LIABILITY**<br>____ ANY AUTO<br>____ ALL OWNED AUTOS<br>____ SCHEDULED AUTOS<br>____ HIRED AUTOS<br>____ NON-OWNED AUTOS<br>____ _____ | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| | **GARAGE LIABILITY**<br>____ ANY AUTO<br>____ | | | | AUTO ONLY - EA ACCIDENT<br>OTHER THAN AUTO ONLY: EA ACC<br>AGG | $<br>$<br>$ |
| | **EXCESS LIABILITY**<br>____ OCCUR ____ CLAIMS MADE<br>____ DEDUCTIBLE<br>____ RETENTION $ | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| | **WORKERS COMPENSATION AND EMPLOYERS= LIABILITY** | | | | WC STATUTORY LIMITS OTHER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - POLICY LIMIT<br>E.L. DISEASE-EA EMPLOYEE | <br>$<br>$<br>$ |
| | **OTHER** | | | | | |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

** Escambia County as additional insured on all liability policies except Workers' Compensation and Professional.
RE: PD # _____
Project Name:

**CERTIFICATE HOLDER Additional Insured: Insurer Letter: ____** **CANCELLATION**

NAME AND ADDRESS OF CERTIFICATE HOLDER:
Escambia County
Post Office Box 1591
Pensacola, Florida 32597-1591
Attn: (Name of Purchasing Supervisor/Agent)
Office of Purchasing, Room 11.101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.