



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) <b>REQUIRED</b>
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**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 AMEND, 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.**

**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 on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<p><b>PRODUCER</b></p> <p style="text-align: center; font-size: 24px; font-weight: bold;">REQUIRED</p>	<p><b>CONTACT NAME:</b></p> <p><b>PHONE (A/C No. Ext):</b> <span style="font-size: 24px; font-weight: bold;">REQUIRED</span>      <b>FAX (A/C, No):</b></p> <p><b>E-MAIL ADDRESS:</b></p> <hr/> <p style="text-align: center;">INSURER(S) AFFORDING COVERAGE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A :</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td style="text-align: center; font-size: 24px; font-weight: bold;">REQUIRED</td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>INSURER A :</b>	<b>NAIC #</b>	<b>INSURER B :</b>		<b>INSURER C :</b>	REQUIRED	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER F :</b>													
<p><b>INSURED #1</b></p> <p style="background-color: yellow; padding: 5px;">Named Insured must be identical to the company's name as stated in the Agreement</p>													

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
<p>THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>		

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<p><b>GENERAL LIABILITY</b></p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE    <input type="checkbox"/> OCCUR</p> <p style="font-size: 24px; font-weight: bold; text-align: center;">#4</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER:</p> <p><input type="checkbox"/> POLICY    <input type="checkbox"/> PRO-JECT    <input type="checkbox"/> LOC</p>	#2	X    X	REQUIRED	REQUIRED		<p>EACH OCCURRENCE \$</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL &amp; ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COMP/OP AGG \$</p>
	<p><b>AUTOMOBILE LIABILITY</b></p> <p><input type="checkbox"/> ANY AUTO</p> <p><input type="checkbox"/> ALL OWNED AUTOS</p> <p><input type="checkbox"/> HIRED AUTOS</p> <p><input type="checkbox"/> SCHEDULED AUTOS</p> <p><input type="checkbox"/> NON-OWNED AUTOS</p> <p style="font-size: 24px; font-weight: bold; text-align: center;">#5</p>	#5	X    X	REQUIRED	REQUIRED		<p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
	<p><b>UMBRELLA LIAB</b>    <input type="checkbox"/> OCCUR</p> <p><b>EXCESS LIAB</b>    <input type="checkbox"/> CLAIMS-MADE</p> <p>DED    RETENTION \$</p>						<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>
	<p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N</p> <p><b>(Mandatory in NH)</b></p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p>	N/A	X	REQUIRED	REQUIRED		<p><input checked="" type="checkbox"/> WC STATUTORY LIMITS    <input type="checkbox"/> OTHER</p> <p>E.L. EACH ACCIDENT \$</p> <p>E.L. DISEASE - EA EMPLOYEE \$</p> <p>E.L. DISEASE - POLICY LIMIT \$</p>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required) #3

Hillsborough County Aviation Authority, members of the Authority's governing body and the Authority's officers, volunteers, agents and it's employees are all additional insureds for all liability policies described above, other than workers compensation and professional liability (if required by contract).

A waiver of subrogation applies in favor of Hillsborough County Aviation Authority, members of the Authority's governing body, and the Authority's officers, volunteers, agents and employees for damages or loss to the extent covered and paid for by any insurance maintained by the company.

<p><b>CERTIFICATE HOLDER</b></p> <p>Hillsborough County Aviation Authority ATTN: Chief Executive Officer Tampa International Airport P.O. Box 22287 Tampa, FL 33622</p> <p style="font-size: 24px; font-weight: bold; text-align: right;">#6</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p style="font-size: 24px; font-weight: bold; text-align: center;">#7      REQUIRED</p>
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