

Certificate of Liability Insurance Requirements

Any third party coming onto OCPS property providing a product or service is required to submit a current Certificate of Liability Insurance (COI) Acord form naming the School Board of Orange County, Florida as Certificate Holder <u>and</u> Additional Insured to the OCPS Risk Management Department. The policy must be endorsed using the language equivalent to both CG2026 4/13 and CG2037 4/13.

Commercial General Liability Coverage must be indicated on an occurrence basis (claims made policies not accepted). The required Limits of Liability are:

- Minimum limit of \$1,000,000 per occurrence
- Minimum limit of \$2,000,000 general aggregate
- ➤ Policies must not exclude or sublimit coverages for abuse or molestation.

PT(A/O/SA/SO) and school booster organizations are required to submit Certificate of Liability Insurance for any sponsored activity.

Governmental agencies may provide a statement of self-insurance in lieu of a Certificate of Liability Insurance, with limits pursuant to Florida Statutes 768.28.

Certificate Holder MUST read:

The School Board of Orange County, Florida Attn: Risk Management 445 W. Amelia Street Orlando, FL 32801

Please send a copy of the required COI to Dina.Barkley@ocps.net and/or riskmanagement@ocps.net and include the reason for providing proof of insurance on the subject line. For example:

- Vendors participating in the Avalon ES Spring Carnival on 03/15
- Odyssey MS PTA Fall Festival on 09/28
- Unity Church use of Avalon ES facilities on Sundays from 07/01/22-07/01/23



CERTIFICATE OF LIABILITY INSURANCE

CRICVEN-01

MATERAT

DATE (MM/DD/YYYY)

7/11/2016

VENDOR SAMPLE

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).

PRODUCER	CONTACT Doe Joe						
nsurance Office of America, Inc. 2345 West State Road 100	PHONE (A/C, No, Ext): (407) 123-4000 FAX (A/C, No): (407)	123-4567					
ongwood, FL 32750	E-MAIL ADDRESS: Doe.Joe@abcd.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: American Insurance Company	12345					
NSURED	INSURER B: National Union Casualty insurance Co.						
NAME OF COMPANY PROVIDING SERVICE	INSURER C : Great American Assurance Co.						
1234 Main Street Orlando, FL 32800	INSURER D:						
	INSURER E:						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR LTR	INSR LTR TYPE OF INSURANCE			POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	P Y) LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY		WVD		(,	(EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X		PAPK9999	07/05/2022	07/05/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	OCPS will not accept	l				7	MED EXP (Any one person)	\$	
	Claims-Made CGL policies			Minimum Lin	_		PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:			Liability requ	ired by -		GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC		\	The School I	District		PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
Α	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
С	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
	·								
I DES	PRINTION OF OPERATIONS / LOCATIONS / VEHIC	IES /	ACOPE	101 Additional Bamarka Cabadula may b	a atta had if may	ro enaco le roqui	rod)		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attathed if more space is required)

School Board of Orange County Florida is Additional Insured for General Liability.

Insurance should be Primary- Not Contributory

The School Board of Orange County MUST be named as Certificate Holder and Additional Insured.

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School Board of Orange County Florida Attn. Risk Management 445 W. Amelia St. Orlando, FL 32801

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Authorized Signature

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MEMBER CERTIFICATE OF INSURANCE

3/18/16

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

Insured #: FL522248

NAMED INSURED MEMBER:

Awesome Elementary PTA
1234 Great Rd. Orlando, FL
32800

Named Insured & Mailing Address

Awesome Schools PO Box 1234 Orlando, FL 32800

PRODUCER NAME

AlM Association Insurance Management, Inc. PO Box 742946 Dallas, TX 75374-2946

Company / Coverage	Policy #	Effective Dates	Deducti	ble	Limits of Insurance	
Tudor Insurance Company /	987654321	11/3/16 -11/3/17	NC	ONE	Each Occurrence	\$1,000,000
Commercial General Liability		Minimum Limits of Liability required by the District.		<i>></i>	General Aggregate Products - COMP/OPS Aggregate Personal & Advertising Injury Fire Damage (any one fire)	\$2,000,000 \$1,000,000 \$1,000,000 \$50,000
Tudor Insurance Company / Medical Payments	987654321	11/3/16 - 11/3/17	NC	ONE	Any One Person	\$50,000
					Aggregate	\$50,000

The School Board of Orange County, FL is added as an additional insured to the General Liability policy only.

The School Board of

Orange County MUST

Holder and Additional

be named as Certificate

Certificate Holder:

School Board of Orange County, FL 445 W. Amelia Street Orlando, FL 32801 This member certificate, together with the common policy conditions, coverage

s, if any, complete the above numbered ailable upon request or may be printed at

AUTHORIZED REPRESENTATIVE

B allowed

PTA Sample

Insured.