Welcome to your Quick Certificate of Insurance Guide!



Two ways to submit a Certificate of insurance

Click on the link from an email you received stating that something else is needed (additional insured endorsement page, etc.)

Go to

https://www.hillsboroughcounty.org/en/government/departments/risk (there you will find 8 helpful tips, and #1 is the link to the form).

The form

Fill in your information in the first section – example below:

CONTACT INFORMATION FOR PERSON MAKING SUBMISSION:						
Contact First Name * Hello	Contact Last Name* Kitty	Contact E-mail * hellokitty@hellokitty.com				
Contact Title * Agent	Contact Phone * (888) 888-8888 EXT:					

Once you fill in the first section, you will see a checkbox allowing you to copy over the information to the next section, if you choose, or you can leave it unchecked and add another person's information, but they will be the one to receive all correspondence.

**You can leave Department and existing certificate number blank if this does not apply to you.

CONTACT INFORMATION FOR PERSON MAKING SUBMISSION:								
Contact First Name * Hello Contact Title *	Contact Last Name* Kitty Contact Phone*	Contact E-mail* hellokitty@hellokitty.com						
Agent Check if Primary Business Contact Information is the same as Contact Information Please uncheck the box to make a change to any of the first two sections - recheck the box if Person information should copy over the existing Business information PRIMARY BUSINESS CONTACT INFORMATION: (Please enter the primary contact information of the person that will receive all correspondence regarding this Certificate of Insurance Submission.								
This may be yourself or another primary business conta								
Primary Contact First Name *	Primary Contact Last Name *	Primary Contact E-mail *						
Hello	Kitty	hellokitty@hellokitty.com						
Primary Contact Title*	Primary Contact Work Phone*	(If you are a Hillsborough County Employee, what department are						
Agent	(888) 888-8888 EXT:	you in?)						
If you have an existing certificate number, please enter h	ere:	Department						

Enter the name of the company that is being insured (be careful not to list the name of your company ©)

INSURANCE INFORMATION:

Insured Company Name (Named Insured/Business Entity) Please include DBA's, separated by commas.

Business Enterprise One, dba One Enterprise Business

Let's Talk Dates

The Expiration Date – This should be the earliest expiration date on the certificate if there are multiples expiration dates listed.

Insurance Expiration Date (Please enter the earliest expiration date on the Certificate of Insurance.)

01/01/2022



CERTIFICATE OF LIABILITY INSURANCE

ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS 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(les) 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 NAME: Hello Kitty	
Hello Kitty Enterprises		PHONE (A/G, No. Est): 888-888-8888 (A/G, No.):	
		E-MAIL ADDRESS: heliokitty@heliokitty.com	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A:	
INSURED		INSURER B:	
Business Enterprise One, dba Or	ne Enterprise	INSURER C:	
Business		INSURER D:	
123 Lavender Ln.		INSURER E :	
Tampa, FL 33619		INSURER F:	

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	TYPE OF INSURANCE		SUBR		(MM/DD/YYYY)	POLICY EXP	LIMIT	5	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
l	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	5	50,000
l	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
					01/01/2021	01/01/2022	PERSONAL & ADV INJURY	\$	1,000,000
Ι_			I –				GENERAL AGGREGATE	\$	2,000,000
ı	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO-							\$	
Г	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ı	X ANY AUTO						BODILY INJURY (Per person)	\$	
	X ALL OWNED X SCHEDULED AUTOS				01/01/2021	01/01/2022	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE				04/01/2021	04/01/2022	AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			04/01/2021	04/01/2022	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)				0 110 112021	0 110 112022	E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL. DISEASE - POLICY LIMIT	\$	500,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								

Description of Project or Service goes here.								

CERTIFICATE HOLDER	CANCELLATION
Hillsborough County BOCC 602 E. Kennedy Blvd. Tampa, FL 33601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Turipa, I E soco I	AUTHORIZED REPRESENTATIVE
	"Must be signed
ACORD 25 (2010/05)	© 1988-2010 ACORD CORPORATION. All rights reserved.

For Example

In the Sample Certificate to the left, the Expiration date will be listed as 01/01/2022, even though there are more than one expiration dates because this date comes first.

ACOR	ŻĎ

CERTIFICATE OF LIABILITY INSURANCE

DATE	(MM/C	DIYYY
08	/26/2	2021

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Hello Kitty Enterprises		PHONE (A/G, No. Ext): 888-888-8888 (A/G, No.):	
		E-MAIL ADDRESS: hellokitty@hellokitty.com	
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		INSURER A:	
INSURED		INSURER B:	
Business Enterprise One, dba 0	ne Enterprise	INSURER C:	
Business		INSURER D:	
123 Lavender Ln.		INSURER E :	
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_	ACCUSIONS AND CONDITIONS OF SOCI	POLI	OILU.	CIMITO SHOWIN MAT HAVE BEEN	TEDOCED BY	PAID CEAING.			
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	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	5	50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	5	5,000
					01/01/2021	01/01/2022	PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	X ALL OWNED X SCHEDULED AUTOS				01/01/2021	01/01/2022	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
								\$	
_	X UMBRELLA LIAB X OCCUR		_				EACH OCCUPRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE				04/01/2021	04/01/2022	AGGREGATE	\$	
	DED RETENTION \$							ş	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A			04/01/2021	04/01/2022	E.L. EACH ACCIDENT	\$	1,000,000
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Tampa, T.E. 3500 T	AUTHORIZED REPRESENTATIVE				
	"Must be signed				

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The Project/Event/Service Dates

You may not know the exact dates, and that is OK. You can use the earliest effective date and the latest expiration date on the certificate as a guide. For example, in the sample on the left, if you are unsure of the exact dates, the Project/Event/Service Start Date would be 01/01/2021 and the end date would be listed as 04/01/2022

**You may get a red error message when entering dates, this is informational and you can still bypass and submit the form even if you get a red message.

Type of Project

Type of Project:

You can choose the type of project from the list, or choose "other" and type a response.

Type of Project * What does the business do? * Affordable Housing Contract You can add the information here, or type Unk if not sure. Athletic Leagues You can add the information here, or type Unk if not sure. Environmentally Sensitive Operation Facility Rental Facility Rental Isieworks Display Major Equipment Installation Miscellaneous Commodity Purchase New Building Construction New Building Construction Frofessional Services Contract Standard Requirements Standard Requirements

Attaching Proof of Insurance

You can click on the "Attach Proof of Insurance" button multiple times to add more than one document.

**Along with the current Certificate of Insurance, please include the additional insured endorsement page(s) so that processing will not be delayed. See the example to the right and a blanket additional insured endorsement will suffice.

COMMERCIAL GENERAL LIABILITY

CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Hillsborough County Board of County Commissioners 602 E Kennedy Blvd Tampa, Florida 33601

This endorsement is good for all Global Sports Teams under this policy GLP2143279 03

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
- In the performance of your ongoing operations;
- In connection with your premises owned by or rented to you.

Howeve

- The insurance afforded to such additional insured only applies to the extent permitted by law and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**Just remember that the additional remarks schedule or any statement on the Certificate will not replace the endorsement pages – it is stated on the Certificate itself:



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If you have any questions, please email to insurancerenewal@hillsboroughcounty.org

And remember, we are looking to replace the need to send the Insurance Documentation by mail. You should only send through our new electronic system, or through the email link you received and if in doubt, send to insurancerenewal@hillsboroughcounty.org