

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.)

*****OR*****

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 Last Name* Kitty	Contact E-mail* hellokitty@hellokitty.com
Contact Title* Agent	Contact Phone* (888) 888-8888 EXT:	

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 contact.)

Primary Contact First Name * Hello	Primary Contact Last Name * Kitty	Primary Contact E-mail * hellokitty@hellokitty.com
Primary Contact Title* Agent	Primary Contact Work Phone* (888) 888-8888 EXT:	(If you are a Hillsborough County Employee, what department are you in?) Department
If you have an existing certificate number, please enter here: <input type="text"/>		<input type="text"/>

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

DATE (MM/DD/YYYY)
08/26/2021

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).

PRODUCER Hello Kitty Enterprises	CONTACT NAME: Hello Kitty
	PHONE (A.C. No. Ext): 888-888-8888 FAX (A.C. No.):
	E-MAIL ADDRESS: hellokitty@hellokitty.com
INSURED Business Enterprise One, dba One Enterprise Business 123 Lavender Ln. Tampa, FL 33619	INSURER A:
	INSURER B:
	INSURER C:
	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	TYPE OF INSURANCE	ADDL SUBR INSR	DWR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				04/01/2021	04/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A		04/01/2021	04/01/2022	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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 Hillsborough County BOCC 602 E. Kennedy Blvd. Tampa, FL 33601	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 **Must be signed
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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.



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	PHONE (A/C No. Ext.): 888-888-8888 FAX (A/C No.):	
	E-MAIL ADDRESS: hellokitty@hellokitty.com	
INSURED Business Enterprise One, dba One Enterprise Business 123 Lavender Ln. Tampa, FL 33619	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		04/01/2021	04/01/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A		04/01/2021	04/01/2022	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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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

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

Type of Project:

Type of Project *

- Affordable Housing Contract
- Athletic Leagues
- Environmentally Sensitive Operation
- Facility Rental
- Fireworks Display
- Major Equipment Installation
- Miscellaneous Commodity Purchase
- New Building Construction
- Professional Services Contract
- Standard Requirements
- Other

What does the business do? *

You can add the information here, or type Unk if not sure.

****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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Thank you!! 😊

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