Insurance Requirements

To the vendor: This waiver should not interfere with any insurance coverage already in place.

	i interiere with any insurance coverage already in place.			
TYPE OF INSURANCE	Limits on Liability in Thousands of Dollars			
		Each Occurrence	Aggregate	
GENERAL LIABILITY - Broad form  [ ] Commercial General Liability [ ] Premises—Operations [ ] Explosion & Collapse Hazard [ ] Underground Hazard [ ] Products/Completed Operations Hazard [ ] Contractual Insurance [ ] Independent Contractors [ ] Personal Injury [ ] Other:	Bodily Injury			
	Property Damage			
	Bodily Injury and Property Damage Combined			
	Personal Injury			
AUTO LIABILITY [ ] Comprehensive Form [ ] Owned	Bodily Injury (each person)			
[ ] Hired [ ] Non-owned	Bodily Injury accident)			
[ ] Any Auto If applicable	P Damag			
	Bodh, and opers, ge obined	\$ 1		
EXCESS LIABILITY [ ] Umbrella Form [ ] Other than Umbrella Form	Pi Damage Con		\$	
[ ] WORKER'S COMPPUSAT	STA RY	(each accident)		
U.S. Longshoremen or W 'Act/ es A is required for any act. or naviga (a)				
[]EMPLO SL		(each accident)	\$500 K	
[] PROFESSIO. VA TA	claims-made form			
[ ] PROPERTY CO "ALL RISK" WITH WIN must remain in force until County.	Maximum Deductible:	\$10 k	Completed Value	
	DED for WIND or WIND & FLOOD not to exceed 5% of completed value			
or Installation Floater (see	CONTRACTOR IS RESPONSIBLE FOR DEDUCTIBLE			
•	Maximum Deductible:	\$10 k		
CONTRACTO RESPONSIBL DEDUCTIBLE	E FOR		Completed Value	
REFERENCE: General Waiver – Charitable Donation Agreement				

**NOTE:** Proof of workers' compensation exemption is required in the form of a letter on company letterhead or a State exemption certificate. **CANCELLATION:** Thirty (30) Day written notice of cancellation is required to the Certificate Holder:

	······	 
Certificate Holder:		
<b>Broward County</b>		
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