



Office of Risk Management

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Vendor Insurance Requirements

All Vendors providing services on Hillsborough Community College ("HCC") property or at a College-sponsored event including, but not limited to, visual/performing arts, training, consulting, product delivery/assembly, maintenance and repair services, etc. must provide evidence of general liability insurance prior to conducting business with HCC and as a condition of payment for services rendered per the following guidelines*:

Insured (Also referred to as Named Insured): The full legal name of the business entity that appears on the contract must also appear in this portion of the insurance certificate. If the business entity is a subsidiary, it must be listed as a Named Insured in the "Description" portion of the certificate.

Certificate Holder: District Board of Trustees, Hillsborough Community College
Insurance Compliance
P.O. Box 100085 – HL
Duluth, GA 30096-9302

Additional Insured Endorsement Must Read: District Board of Trustees, Hillsborough Community College is named as an Additional Insured with respect to General Liability as required by written Agreement.

Signature: The certificate must be signed by an agent of the insuring company and the signature must be legible and identifiable.

Umbrella/Excess Policies: If one exists, it must specify required primary coverage and limits.

Insurance Company: All policies must be written by an insurance company with an A.M. Best Rating of B+ or better.

MINIMUM INSURANCE LIMITS	
General Liability	\$1,000,000 Combined Single Limit Each Occurrence \$2,000,000 General Aggregate
Automotive Liability for Commercial Vehicles Only	\$1,000,000 Combined Single Limits for Owned, Rented, & Non-Owned Vehicles
Worker's Compensation & Employer's Liability	Per State of Florida Requirements If Vendor is exempt, a copy of the state exemption certificate is required.

*HCC reserves the right to specify alternative insurance requirements in contract language on a case-by-case basis.

Prior to commencement of work, the Vendor must furnish a current Certificate of Insurance meeting HCC's requirements listed above. Please direct questions to the Office of Risk Management.

Submit your Certificate of Insurance via:	
Email:	hccfl@ebix.com
Fax #:	770.325.6503
Mail:	Ebix, P.O. Box 100085 – HL, Duluth, GA, 30096-9302

CERTIFICATE OF LIABILITY INSURANCE

Date: MM/DD/YY

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
Name & Address of Producer

Phone:
Fax:

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL
ADDRESS:
PRODUCER
CUSTOMER ID #:

FAX (A/C, No):

INSURED
Name & Address of Insured

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: **AM Best Rating B+, Or Better** provide
INSURER B: **AM Best Rating B+, Or Better** provide
INSURER C: **AM Best Rating B+, Or Better** provide
INSURER D: **AM Best Rating B+, Or Better** provide

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.

INSUR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> PRIMARY & NON CONTRIBUTORY <input type="checkbox"/> GENERAL AGG. LIABILITY APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y					EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS -COMP/OP AGG
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION <input type="checkbox"/> PRIMARY & NON CONTRIBUTORY			(required for commercial auto only; personal autos are exempt and should check appropriate box on next page and return)			
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		(or state exemption certificate required; see next page for more information)			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L.EACH ACCIDENT \$100,000 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)

- Certificate must indicate District Board of Trustees, Hillsborough Community College is named as Additional Insured for the General Liability.

CERTIFICATE HOLDER

District Board of Trustees, Hillsborough Community College
Insurance Compliance
PO Box 100085 - HL
Duluth, GA 30096

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

Certificate Must be Signed