

Certificate of Insurance

In consideration of the premium charged on the insurance policies shown in this certificate, this certificate of insurance is issued to the certificate holder shown below. This certificate does not amend, extend or alter the coverage afforded by the policies listed below except as shown below.

NAME AND ADDRESS OF AGENCY	COMPANIES AFFORDING COVERAGES	DATE
	COMPANY LETTER A	
	COMPANY LETTER B	
NAMED AND ADDRESS OF INSURED	COMPANY LETTER C	
	COMPANY LETTER D	
	COMPANY LETTER E	

This is to certify that the insurance policies below have been issued to the insured and are in force at this time. It is agreed that none of these policies will be cancelled or changed except in the application of the aggregate liability limits provision, so as to affect the insurance described by this certificate until after 30 days prior written notice of such cancellation or change has been delivered to the certificate holder at its address shown below. It is also agreed that 30 days prior written notice by the insurance companies listed above of their intent not to renew their policies listed below for the same coverages provided in this certificate will be given to the certificate holder at its address shown below. The policies shown in this certificate are primary to any insurance carried by the certificate holder for this specific location, project or event.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> X..C.U. COVERAGE <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/>				GENERAL AGGREGATE	\$
					PRODUCT-COMP/OPS AGGREGATE	\$
					PERSONAL & ADVERTISING INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (ANY ONE FIRE)	\$
					DEDUCTIBLE OR S.I.R. AMOUNT	\$
					SPECIFIC GENERAL AGGREGATE*	\$ (SEE BELOW)
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTO <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTO				BODILY INJURY (EACH PERSON)	\$
					BODILY INJURY (EACH ACCIDENT)	\$
					PROPERTY DAMAGE	\$
					BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED (EACH OCCURRENCE)	\$
					AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY	
					(EACH ACCIDENT)	\$
					(DISEASE-POLICY-LIMIT)	\$
					(DISEASE-EACH EMPLOYEE)	\$
	OTHER					

- Contractual Liability Coverage. Description of Contract:
- Hillsborough County Public Transportation Commission has been named as an additional insured on the General Liability Policy described above.
- Hillsborough County Public Transportation Commission is insured as to its liability for the conduct of an insured to the extent of that liability under the Auto Liability Policy described above.
- The General, Automobile, and Excess Liability Policies described above provide the severability of interest (separation of insureds) provision applicable to the named insured and the Commission.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS SCHEDULE OF VEHICLES	SCHEDULE OF LOCATIONS
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* SPECIFIC GENERAL AGGREGATE LIABILITY LIMITS APPLICABLE TO : _____

NAME AND ADDRESS OF CERTIFICATE HOLDER:



**HILLSBOROUGH COUNTY
PUBLIC TRANSPORTATION COMMISSION
POST OFFICE BOX 1110 - TAMPA, FLORIDA 33601
(813) 272-5814 / FAX (813) 272-6288**

I swear or affirm that I am the Authorized Representative of the Insurance Companies shown above.

Authorized Representative _____

Typed Signature _____

Address _____

Telephone # _____ Fax # _____

HILLSBOROUGH COUNTY PUBLIC TRANSPORTATION COMMISSION
CERTIFICATE OF INSURANCE
EXPLANATION
(PLEASE READ CAREFULLY)

The Hillsborough County Public Transportation Commission (HCPTC) requires the use of the HCPTC Certificate of Insurance form as evidence that the insurance requirements of the Certificate of Public Convenience and Necessity (COPCN) have been complied with and will continue to be complied with as long as the COPCN is in force.

The HCPTC must be advised of cancellation of the insurance coverages required or reductions in the coverages provided in compliance with the COPCN as shown in the Certificate of Insurance. **Thirty-day written notice of cancellation or reduction in coverages**, other than an aggregate limit provision reduction, must be provided to the HCPTC so that the HCPTC can take proper action to protect itself and the traveling public.

Many Certificates of Insurance are received by the HCPTC and many contain wording to the effect that the Certificate is issued as a matter of information only and confers no rights upon the certificate holder. A common example of this **unacceptable** language is:

“should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail (number of days) days written notice to the named holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.”

The HCPTC must have the right of notice of cancellation and reduction of coverage as this is part of the insurance requirements of the COPCN entered into and to be relied upon by the HCPTC as evidenced through this Certificate of Insurance.

The person signing the Certificate of Insurance must be authorized by the insurance company/companies shown on the certificate to execute the HCPTC Certificate of Insurance on its/their behalf.

No activity shall begin until the HCPTC Insurance Certificate form is received properly executed. Expired Insurance Certificates will result in the insured’s COPCN being suspended until the evidence of insurance (this form) is on hand at the office of the HCPTC.

SEVERABILITY OF INTERESTS PROVISION

With respect to claims involving any Insureds hereunder, each such interest shall be deemed separate from any and all other interest herein, and coverage shall apply as though each such interest was separately insured. This provision, however, shall not operate to increase the limits of the Insurance Company’s liability.