

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
DATE

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 have ADDITIONAL INSURED provisions or 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).

	INSURER F:	
	INSURER E:	
	INSURER D :	
INSURED INFORMATION	INSURER C:	
INSURED	INSURER B:	
	INSURER A: CARRIER NAME	NUMBER
	INSURER(S) AFFORDING COVERAGE	NAIC#
	E-MAIL ADDRESS: PLEASE PROVIDE	
AGENCY INFORMATION	PHONE (A/C, No, Ext): PLEASE PROVIDE FAX (A/C, No):	
PRODUCER	CONTACT PLEASE 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.

INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	X	X	POLICY NUMBER	EFF	EXP	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
X							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	<u>\$ 1,000,000</u>
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2.000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
1	AUTOMOBILE LIABILITY			.= .==			COMBINED SINGLE LIMIT (Ea accident)	<u>\$ 1,000,000</u>
<sub>V</sub>	X ANY AUTO	X	X	IF APPLICABLE	EFF	EXP	BODILY INJURY (Per person)	\$
X	X OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER	
^	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	X	POLICY NUMBER	EFF	EXP	E.L. EACH ACCIDENT	\$ 100,000
	(Mandatory in NH)			IF APPLICABLE			E.L. DISEASE - EA EMPLOYEE	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			II ALLEIOADEL			E.L. DISEASE - POLICY LIMIT	\$ 500,000
X	Aircraft Liability	X	X	IF APPLICABLE	EFF	EXP	\$1,000,000 ea d	occurrence

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Film Permit - Name of Shoot, Shoot Dates (s) Location

City of Jacksonville, its members, officials, officers, employees and agents are listed as additional insured with regards to all policies. All insurance is primary and non-contributory. Waiver of subrogation in favor of the City of Jacksonville, its members, officials, officers, employees and agents applies. Workers Compensation benefits are applicable in the state of Florida.

CERTIFICATE HOLDER
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City of Jacksonville

117 W Duval St, Suite 335

Jacksonville, FL 32202

## **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

AGENT SIGNATURE