



CITY OF JACKSONVILLE, FLORIDA INSURANCE REQUIREMENTS

Without limiting Applicant's liability, the Applicant shall procure and maintain at its sole expense, insurance of the types and in amounts not less than stated below:

INSURANCE COVERAGES LISTED BELOW ARE REQUIRED:

General Liability: \$1,000,000 Each Occurrence
 \$2,000,000 Products – Completed/Operations Aggregate
 \$1,000,000 Personal and Advertising Injury
 \$2,000,000 General Aggregate

Workers Compensation: Statutory
Employers' Liability: \$100,000 Each Accident
 \$500,000 Disease, Policy Limit
 \$100,000 Disease, Each Employee

A signed Workers Compensation exemption letter is required for those organizations with less than 4 employees and are exempt from purchasing coverage in the State of Florida.

The applicant will provide evidence of Workers Compensation coverage or exemption as required by Florida Workers Compensation Law as defined in Chapter 440, Florida Statutes. Such insurance will include coverage for any appropriate Federal Acts (Longshore and Harbor Workers Compensation Act and the Jones Act) where activities include exposures for events or occurrences covered by these Federal statutes.

INSURANCE COVERAGES LISTED BELOW AS APPLICABLE OR DEEMED NECESSARY BY RISK MANAGEMENT:

Automobile Liability: Coverage for all Owned, Hired or Non-Owned Autos
 \$1,000,000 Combined Single Limit

Professional Liability: \$1,000,000 Each Occurrence
(organization/individuals providing professional services)

Sexual Abuse/Molestation: \$1,000,000 Each Occurrence
(involving unaccompanied minors and other vulnerable populations)

Participant Legal Liability: \$1,000,000 Each Occurrence
(events involving athletic participation or competition)

Liquor or Host Liquor Liability: \$1,000,000 Each Occurrence
(alcohol is sold, served or consumed)



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1. **Primary and Non-Contributory** – The applicant’s insurance will apply on a primary basis and will not require contribution from any insurance or self-insurance maintained by the City of Jacksonville.
2. **Deductibles** – The deductibles of the insurance policies applicable shall be deemed customary and the responsibility of the applicant and any named insureds.
3. **Additional Insured** – The applicant’s insurance (except Workers Compensation and any additional coverages where it is unavailable) will name the City of Jacksonville, its members, officials, officers, employees and agents as additional insureds under all insurance coverages required.
4. **Waiver of Subrogation** – A contractual provision that prevents an insurer from seeking compensation from a negligent third party for covered losses. The applicant’s insurance will provide a waiver of subrogation in favor of the City under all coverages.
5. **Reporting Provision** – The applicant’s insurance shall be provided on an occurrence form. In the event that coverage is only available on a claims-made form, the applicant shall agree to maintain an extended reporting coverage form for a minimum of two years past the expiration of the annual policy term.
6. **Duration** – Notwithstanding anything to the contrary, the applicant’s liabilities intended to be covered by the insurance coverage(s) required under this section shall survive and not be terminated, reduced or otherwise limited by any expiration or termination of particular policies for insurance coverages.
7. **Sovereign Entities** – State and federal agencies eligible for sovereign immunity may submit a statement of self-insurance for liability as allowed by the applicable state or federal statute. Such statement will be acceptable in place of insurance requirements defined herein.
8. **Financial Responsibility** – The applicant shall obtain insurance by an insurer holding a current certificate of authority pursuant to Chapter 624, Florida Statutes, or a company that is declared as an approved Surplus Lines carrier under Chapter 626, Florida Statutes. Such insurance shall be written by an insurer with an A.M. Best Rating of A-VII or better. Applicant must maintain continuation of the required insurance throughout the event, which includes load-in, setup, tear down and load-out.
9. **Evidence of Financial Responsibility** – The applicant must provide a Certificate of Insurance to the City’s Risk Management Department, demonstrating the maintenance of the required insurance including the additional insured, primary and non-contributory and waiver of subrogation endorsements. The applicant shall make its insurance policies and endorsements available to the City’s Risk Management Department. Risk Management shall approve the applicant’s insurance if it complies with this section’s requirements, including, if any, additional insurance coverages deemed necessary. No material alteration or cancellation including expiration and non-renewal of applicant’s insurance, shall be effective until 30 days after receipt of written notice by the City from the applicant or the applicant’s insurance company.

PLEASE PROVIDE A CERTIFICATE OF INSURANCE AS FOLLOWS:

Certificate Holder: City of Jacksonville
117 W. Duval Street, Suite 335
Jacksonville, FL 32202

Description of Operations Box shall read as follows:

The City of Jacksonville, its members, officials, officers, employees and agents are included as an additional insured with regard to all coverages. Coverage is primary and non-contributory. A waiver of subrogation in favor of the City of Jacksonville, its members, officials, officers, employees and agents applies.