

# FirstService Residential Florida Inc - Vendor Certification Requirements Template

## Evidence of Insurance

NAME AND ADDRESS OF AGENCY:

Required

NAME AND ADDRESS OF INSURED:

Required

### COMPANIES AFFORDING COVERAGES

COMPANY A Required (Minimum AM Best requirement A- VII)

COMPANY B

COMPANY C

COMPANY D

COMPANY E

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies listed on this certificate of insurance.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS OF LIABILITY (Below Limits are required minimums)	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Occurrence  <input checked="" type="checkbox"/> Per Project or Per Location <input checked="" type="checkbox"/> If Per policy, a \$5M Umbrella is required				<b>EACH OCCURRENCE</b> <b>DAMAGE TO RENTED PREMISES</b> <b>MED EXPENSE</b> <b>PERSONAL&amp; ADV INJURY</b> <b>GENERAL AGGREGATE</b> <b>PRODUCTS-COMP/OP AGG</b>	<b>1,000,000</b>   <b>5,000</b> <b>1,000,000</b> <b>2,000,000</b> <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO Or <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-owned Autos				<b>COMBINED SINGLE LIMIT (each accident)</b> <b>BODILY INJURY (PER PERSON)</b> <b>BODILY INJURY (PER ACC.)</b> <b>PROPERTY DAMAGE (PER ACC.)</b>	<b>1,000,000</b>
	<b>UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> Occurrence				<b>EACH OCCURRENCE</b> <b>AGGREGATE</b>	<b>Only rq'd if Gen. Agg applies Per Policy</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ]				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <b>E.L. EACH ACCIDENT</b> <b>E.L. DISEASE - POLICY LIMIT</b> <b>E.L. DISEASE - EACH EMPLOYEE</b>	<b>500,000</b> <b>500,000</b> <b>500,000</b>

### Required Description of Operations:

FirstService Residential Florida Inc and all its active managed Associations are listed as additional insureds on the general liability and auto policies. The general and auto policies are primary and non-contributory in favor of all the parties named as Additional Insureds. The CGL, Workers Comp, and Auto policies are endorsed to include a Waiver of Subrogation in favor of all the parties named as Additional Insureds.

### Certificate Holder:

FirstService Residential Florida, Inc  
 C/O BCS  
 PO BOX 1258  
 Morristown NJ 07960

### Documents:

Business License – Must contain the business name and be a renewal document  
 W-9 – Please ensure its signed & dated

