



INSURANCE REQUIREMENTS F.A.Q.

1. What are Orange County's Standard Insurance Requirements?

The County does not have standard insurance requirements. Each contract carries its own risk; therefore, the County evaluates each set of risk factors individually and develops insurance requirements to address this risk. Generally, the County's minimum insurance requirements consist of the following:

Applicable to all contracts:

- Insurance carriers providing coverage must be licensed to conduct business in the State of Florida and must possess a current A.M. Best's Financial Strength Rating of A-Class VIII or better.
- **Commercial General Liability** coverage with a limit of liability of not less than \$1,000,000 per occurrence, and \$2,000,000 aggregate, to include Additional Insured endorsement & Waiver of Transfer of Rights of Recovery endorsement.
- **Business Automobile Liability** coverage with a per accident limit of not less than \$500,000 per occurrence for all owned; non-owned and hired vehicles.
- **Workers' Compensation** coverage with statutory workers' compensation limits, and no less than \$100,000 each incident of bodily injury or disease for Employers' Liability to include a waiver of Subrogation endorsement.

Scope specific coverages:

- **Professional Liability** coverage with a limit of not less than \$1,000,000 per occurrence.
- **Pollution Liability** coverage with a limit of not less than \$1,000,000 per occurrence.
- **Network Security and Data Breach** coverage with a limit of not less than \$1,000,000 per occurrence.
- **Fidelity and Employee Dishonesty** coverage with a limit of not less than \$1,000,000 per occurrence.
- **Commercial Property** coverage limits vary based on property value.
- **Builders' Risk** coverage limits vary based on project value.

Applicable to all certificates:

- **Certificate Holder** shall read:

Orange County, Florida
Risk Management Division
109 E. Church Street, Suite 200
Orlando, Florida 32801

The insurance requirements applicable to a specific procurement can be found within the County's Invitation for Bids or Request for Proposals Document and the resulting [Contract](#).

2. Where can I find the insurance requirements applicable to my contract with the County?

Please consult your IFB or RFP and/or Contract for the insurance requirements specific to your contract. Fifteen days prior to expiration you will receive an email containing the specifics of your insurance compliance and a summary of your insurance requirements.

3. I have received a request from Gallagher/VerifySM for insurance certificates and endorsements, do they represent the County?

The County utilizes Gallagher/VerifySM as a third-party certificate management. Requests made by Gallagher/VerifySM are authorized by the County and your prompt response to these requests will assist with the continuity of your contract and the prompt payment of invoices.

4. Is there a contact person that I can coordinate with to help my company maintain compliance with insurance requirements?

All correspondence pertaining to insurance compliance and assistance with maintaining compliance should be directed to Orange County Risk Management as listed below. Please allow at least 48 hours for a response if you are sending a request or documents via email.

Orange County Risk Management can be reached at:

Email: insdocs@ocfl.net
Phone: (407) 836-9640
Fax: (407) 836-9630

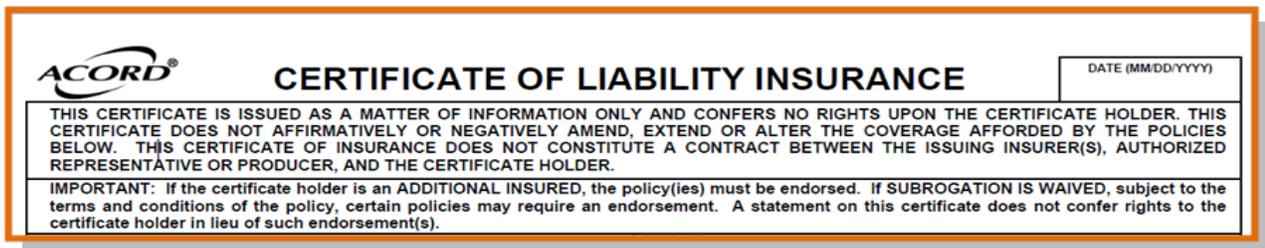
5. Is there a sample insurance certificate and sample endorsements I can provide my broker?

All endorsements must contain the current policy number, or be connected to the policy by the declarations page or form schedule.

- A sample Insurance Certificate can be found on page 4, with FAQ on page 5.
- A sample Additional Insured Endorsements can be found on pages 6 and 8.
- A sample Waiver of Transfer of Rights of Recovery Endorsement can be found on page 9.
- A sample Waiver of Subrogation Endorsement can be found on page 10.

6. My agent has added notes on my insurance certificate to comply with the County's endorsement requirements. However, I am still not compliant, what else is needed?

Many insurance agents will add comments on an insurance certificate acknowledging an additional insured endorsement or a waiver of subrogation. However, if you look carefully at the header of your certificate as indicated in the image below the certificate alone is not able to confer these rights.



True copies of the policy endorsements are required to accompany your insurance certificate as demonstrated in the samples in question 5.

7. Does Orange County accept blanket endorsements?

Blanket endorsements can be accepted after review. Not all scopes allow for blanket endorsements; some projects may require project specific endorsements.

8. I have elected to be exempt from workers compensation coverage as permitted by Florida Statute 440. Will this impact my eligibility for an Orange County contract?

Workers' Compensation coverage is a firm requirement. Elective exemptions are considered on a case-by-case basis and are approved in a very limited number of instances.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER 1. Name of Agent or Broker Street Address City, State, Zip	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED 2. Name of Insured Street Address City, State, Zip	INSURER A :	
	INSURER B : 3.	3.
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
3.	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	4.	5.	6.	7.	7.	EACH OCCURRENCE \$ 8 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 10. ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		N/A			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
11.							

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

12. Orange County, Florida is an additional insured on all liability policies. A waiver of subrogation applies in favor of Orange County, Florida, its agents, employees and officials on all liability and workers' compensation policies.

CERTIFICATE HOLDER**CANCELLATION**

13. Orange County, Florida c/o Risk Management Division 109 E Church Street, Suite 200 Orlando, Florida 32801	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 14.

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Orange County Insurance Review Guide

- 1. PRODUCER:** Agent's name and address must be shown along with contact name, phone, and email address.
- 2. INSURED:** Legal name and address of the entity entering into the contract or agreement.
- 3. INSURERS AFFORDING COVERAGE & NAIC#:** Name of the insurance company that is insuring the line of coverage. The INSURER and applicable letter will be used throughout the certificate to indicate the lines of coverage placed with a particular insurance company. A letter must be shown in the INSUR LTR section of each coverage line listed on the certificate.
- 4. ADDL INSR:** signifies whether coverage includes additional insured status. Very few agents use this section. Additional insured status is usually discussed in the Description of Operations/Locations/Vehicles section.
- 5. SUBR WVD:** signifies that a waiver of subrogation is in valid for each line of coverage as indicated.
- 6. POLICY NUMBER:** A policy number should be listed for each line of coverage for which commercial insurance is being provided.
- 7. POLICY EFFECTIVE/EXPIRATION DATES:** Effective and expiration dates should fall within the time frame of the inception of the contract or agreement.
- 8. LIMITS:** As required in the written agreement. The general aggregate should be at least twice the per occurrence limit for all continuing service contracts. If the aggregate limit applies separately then the project box should be marked.
- 9. AUTOMOBILE LIABILITY:** The ANY AUTO box is preferable, however, some organizations do not own vehicles so the other boxes may be marked.
- 10. WORKERS' COMPENSATION:** Look closely to see if any proprietor, partner, or executive office is excluded. If so, please contact Risk Management for waiver request. The WC STATUTORY LIMITS box must be selected.
- 11. OTHER:** This section is used for other coverage such as professional liability and employee dishonesty. The same rules apply with regards to policy numbers, effective and expiration dates and limits.
- 12. DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:** This section typically contains any special or qualifying language such as additional insured status or waivers of subrogation. If additional space is needed an ACORD 101 should be attached. Please note this language is for information only, and do not confer any rights upon the certificate holder. This is why we also ask for the specific policy language and endorsement to confirm that these provisions are in place.
- 13. CERTIFICATE HOLDER:** Orange County, Florida should be listed as the certificate holder. Individual departments and divisions should not be listed as the primary certificate holder.
- 14. AUTHORIZED REPRESENTATIVE:** This section should contain the signature of the person authorized to issue the certificate on behalf of the insurance company.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Orange County, Florida 109 E Church Street, Suite 200 Orlando, Florida 32801	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Sample

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Sample

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Orange County, Florida 109 E Church Street, Suite 200 Orlando, Florida 32801	
<div data-bbox="406 945 1218 1176" data-label="Text"> <p>Sample</p> </div>	
<div data-bbox="142 1203 1472 1234" data-label="Text"> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p> </div>	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Person Or Organization: Orange County, Florida 109 E Church Street, Suite 200 Orlando, Florida 32801</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

sample

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Orange County, Florida
109 E Church Street, Suite 200
Orlando, Florida 32801

Sample

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 00 03 13
(Ed. 4-84)