



2026 VENDOR INSURANCE VERIFICATION

City of New Port Richey Special Events

ATTACHMENT SAMPLE #1: VENDOR INSURANCE

CERTIFICATE OF GENERAL LIABILITY INSURANCE EXAMPLE:

Certificate of Liability Insurance Sample

Please see sample certificate below. Certificates are due with application and no less than two weeks prior to event date. Documents not received within two weeks of event may result in denial. The following must be noted:

1. Type of insurance must be "General Liability"
2. Amount of coverage per occurrence must be \$1,000,000
3. City of New Port Richey must be listed specifically as "Additional Insured"
4. Address to be used on insurance should reflect our City Hall office in New Port Richey
5. Endorsement must be attached to certificate.

Note: Promoters of Permitted City Events Only: With 1,000+ attendees require \$2,000,000 per occurrence. Also, events that are permitted to sell alcohol (beer or wine only), will have additional insurance requirements

ACORD **CERTIFICATE OF LIABILITY INSURANCE** OP ID: J8
DATE 06/05/2011 07/22/11

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 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 favor of such endorsement(s).

PRODUCER
ABC Insurance Agency
246 Smith Street
Riverforest, IL 60305

CONTACT
NAME: []
PHONE: [] FAX: []
E-MAIL: []
ADDRESS: []
CITY/STATE/ZIP: []

INSURED
John Smith
123 Main Street
New Port Richey, FL 34652

INSURER A: []
INSURER B: []
INSURER C: []
INSURER D: []
INSURER E: []

COVERAGE **CERTIFICATE NUMBER:** 1234567-89 **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.

TYPE OF INSURANCE	INSURER	POLICY NUMBER	START DATE	END DATE	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					PRODUCTS/COMPLETED OPERATIONS \$ 50,000
<input checked="" type="checkbox"/> CLAMS-MADE <input checked="" type="checkbox"/> OCCUR					U&O EXP. ONLY ONE PERIOD \$ 5,000
<input checked="" type="checkbox"/> PERSONAL & ADV. INJURY					\$ 1,000,000
<input checked="" type="checkbox"/> GENERAL AGGREGATE					\$ 2,000,000
<input checked="" type="checkbox"/> PRODUCTS - COMPLETED OPERATIONS					\$ 2,000,000
<input type="checkbox"/> AUTOMOBILE LIABILITY					
<input type="checkbox"/> ANY AUTO					
<input type="checkbox"/> ALL OWNED AUTOS					
<input type="checkbox"/> SCHEDULED AUTOS					
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/> UMBRELLA LMB					
<input type="checkbox"/> EXCESS LMB					
<input type="checkbox"/> FIDELITY & BOND					
<input type="checkbox"/> DIRECTORS & OFFICERS					
<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
<input type="checkbox"/> NON-EMPLOYER'S RESPONSIBILITY					
<input type="checkbox"/> PROFESSIONAL FEES					
<input type="checkbox"/> POLLUTION					
<input type="checkbox"/> E&O					
<input type="checkbox"/> E&O - EACH ACCIDENT					\$ 1,000,000
<input type="checkbox"/> E&O - DISEASE - EA EMPLOYEE					\$ 1,000,000
<input type="checkbox"/> E&O - DISEASE - POLICY LIMIT					\$ 1,000,000

DESCRIPTION OF OPERATIONS - LOCATIONS - VEHICLES (attach ACORD 101, additional Remarks Schedule, if more space is required)
The City of New Port Richey is named additional insured

CERTIFICATE HOLDER
City of New Port Richey
5919 Main Street
New Port Richey, FL. 34652

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
Jim Schubert

ACORD 25 (2/09/09) The ACORD name and logo are registered marks of ACORD



THE CITY OF
NEW PORT
RICHEY
FLORIDA

ATTACHMENT SAMPLE #2: VENDOR INSURANCE

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.