



The School District of Osceola County

Certificate of Liability Insurance Requirements

Any third party coming onto SDOC property or providing a product or service to SDOC must provide a current Acord form Certificate of Liability Insurance (COLI) naming the School District of Osceola County as Certificate Holder and Additional Insured to the SDOC.

Commercial General Liability Coverage must be indicated on an occurrence basis (claims made policies not accepted). The required Limits of Liability are:

- Minimum limit of \$1,000,000 per occurrence
- Minimum limit of \$2,000,000 general aggregate

*Policies must not exclude or sublimit coverages for abuse or molestation.

Governmental agencies may provide a statement of self-insurance in lieu of a Certificate of Liability Insurance, with limits pursuant to Florida Statutes 768.28.

Certificate Holder **MUST** read:

The School District of Osceola County
817 Bill Beck Blvd
Kissimmee, FL 34744

Workers Compensation Exemption if applicable

The exemption form can be requested at

<https://myfloridacfo.com/division/wc/employer/exemptions/>

Note: Please send all insurance and worker compensation information to
eseprivateprovider@osceolaschools.net



CRICVEN-01

MATERAT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2016

VENDOR SAMPLE

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 lieu of such endorsement(s).

PRODUCER Insurance Office of America, Inc. 12345 West State Road 100 Longwood, FL 32750	CONTACT NAME: Doe Joe	FAX: (407) 123-4567
	PHONE: (407) 123-4000	(A/C, No, Ext):
	E-MAIL: Doe.Joe@abcd.com	(A/C, No):
	ADDRESS: Doe.Joe@abcd.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American Insurance Company	12345
INSURED NAME OF COMPANY PROVIDING SERVICE 1234 Main Street Kissimmee, FL 34744	INSURER B: National Union Casualty insurance Co.	
	INSURER C: Great American Assurance Co.	
	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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <u>SDOC will not accept Claims-Made CGL policies</u> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		PAPK9999	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ General Aggregate \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>		ABC123456789	07/01/2024	07/01/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

School District of Osceola County Florida is Additional Insured for General Liability.

Insurance should be Primary- Not Contributory

The School District of Osceola County MUST be named as Certificate Holder and Additional Insured.

CERTIFICATE HOLDER

CANCELLATION

The School District of Osceola County
817 Bill Beck Blvd
Kissimmee, FL 34744

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THERE OF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Authorized Signature



VENDOR SAMPLE

Certificate of Liability Insurance

Date Issued: 07/01/2024

Underwritten by: Insurance Office of America, Inc. 12345 West State Road 100 Longwood, FL 32750

Administered by: CPH Insurance, 800-123-4567, info@cphins.com

DISCLAIMER: This certificate is issued as a matter of information only and confers no rights upon the certificate holder. The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

Insured: Behavioral Services

Doe Joe

1234 Main Street,

Kissimmee, FL 34744

Policy Number: A123456

Policy Term: 07/01/2024 to 07/01/2025

Covered Locations

Professional Liability: Portable coverage, not location specific

General Liability Insured Location(s):

12345 Main Street, Kissimmee, FL 34744

6789 Beck Dr., Kissimmee, FL 34744

1011 Bill Dr., Kissimmee, FL 34744

Coverage Type (Occurrence Form)	Per Incident (Per individual claim)	Aggregate (Total amount per year)
Professional Liability	\$ 1,000,000	\$ 3,000,000
Supplemental Liability	\$ 1,000,000	\$ 3,000,000
Licensing Board Defense	\$ 35,000	\$ 35,000
Commercial General Liability	\$ 1,000,000	\$ 3,000,000
▪ Fire/Water Legal Liability	\$ 250,000	\$ 250,000
Business Personal Property	N/A	N/A
Non-Owned Auto	\$ 1,000,000	\$ 1,000,000
Cyber Liability (Claims Made Form) Retroactive Date: 07/01/2024	\$ 25,000	\$ 25,000

Comments/Special Descriptions:

Certificate Holder

The School District of Osceola County

817 Bill Beck Blvd

Kissimmee, FL 34744

The School District
of Osceola County
MUST be named as a
Certificate Holder

The box MUST be
checked before
submission



Certificate Holder has been added as an additional insured

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). **Notice of Cancellation** will only be provided to the first named insured in accordance with policy provisions, who shall act on behalf of all additional insureds with respect to giving notice of cancellation.

Authorized Signature

Authorized Representative

VENDOR SAMPLE



Insurer: Insurance Office of America, Inc.
12345 West State Road 100
Longwood, FL 32750

Contact: CPH Insurance, 800-123-4567, info@cphins.com

Certificate of Liability Insurance

Date issued: 07/01/2024

Named Insured:

Behavioral Services, LLC
Doe Joe
1234 Main Street,
Kissimmee, FL 34744

Policy #: A123456

Policy Term: 07/01/2024 - 07/01/2025

Covered Locations

Professional Liability: Portable Coverage, not location specific
Commercial General Liability: 12345 Main Street, Kissimmee, FL 34744
6789 Beck Dr., Kissimmee, FL 34744
1011 Bill Dr., Kissimmee, FL 34744

Coverage Type (Occurrence Form)	Limits of Liability (Per Claim/Total Per Year)
Professional Liability	\$1,000,000/\$3,000,000
Supplemental Liability	\$1,000,000/\$3,000,000
Licensing Board Defense	\$35,000
Commercial General Liability	\$1,000,000/\$3,000,000
Fire/Water Legal Liability	\$250,000
Business Personal Property	N/A
Sexual Abuse/Molestation Defense	Unlimited Defense Coverage <i>(for false allegations)</i>

Certificate Holder

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817 Bill Beck Blvd
Kissimmee, FL 34744

Notice of Cancellation will only be provided to the first named insured in accordance with policy provisions, who shall act on behalf of all additional insureds with respect to giving notice of cancellation

☒ Certificate holder added as Additional Insured

The School District of Osceola County **MUST** be named as a Certificate Holder

The box **MUST** be checked before submission

Authorized Signature

Authorized Representative

Disclaimer: This certificate is issued as a matter of information only and confers no rights upon the certificate holder. The Certificate of Insurance does not constitute a contract between the issuing insurer, authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.