HILLSBOROUGH COUNTY AVIATION AUTHORITY INSURANCE CERTIFICATE REQUIREMENTS CHECKLIST

Prior to submitting your Insurance Certificate(s), please review it carefully as it relates to the following:

FORM			
	The insurance information is submitted on an ACORD form or its equivalent.		
	The Certificate must be signed by an authorized representative of the insurer. The Company will furnish the Authority with any specific endorsements, including but not limited to Notice of Cancellation, effecting coverage required by the contract. The endorsements are to be signed by a person authorized to bind coverage on the insurer's behalf (See # 7).		
	The section titled "DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES" is specific to the insured's operation at Tampa International Airport, Peter O. Knight, Tampa Executive, and/or Plant City Airport, It MUST state "NAME OR TITLE OF AGREEMENT" between Hillsborough County Aviation Authority and "NAME OF COMPANY". <i>(See #3)</i>		
	The Certificate must indicate it has been issued in connection with the specific project or agreement and is identified by title and solicitation number or project number.		
	Each type of insurance coverage required in the Agreement MUST be listed on the form.		
	The limits for each type of insurance coverage required are at least the minimums required in the Agreement.		
	For Contracts over \$10,000,000, additional requirements may apply to verify compliance with specific contract language and terms.		
NAME	NAMED INSURED		
	The named insured MUST be identical to the company's name as stated in the Agreement. <i>(See #1)</i>		
ADDITIONAL INSURED AND WAIVER OF SUBROGATION			
	The Certificate MUST state that: "Hillsborough County Aviation Authority, members of the Authority's governing body, and the Authority's officers, volunteers, agents, and its employees are additional insureds for all liability policies described above other than workers compensation and professional liability (if required by contract)". Additionally, to the extent required by Florida Department of Transportation Public Transportation Grant Agreement, the Certificate MUST also state that: "the Florida Department of Transportation is an additional insured for commercial general liability".		
	The Certificate MUST indicate that the insurers for all required policies shown on the Certificate have waived their subrogation rights against the Hillsborough County Aviation Authority, members of the Authority's governing body, and the Authority's officers, volunteers, agents, and employees for all applicable policies.		
	The section titled "COVERAGES", the "ADDL INSR" and "SUBR WVD" boxes MUST be checked for all applicable coverages. (See #2)		

The s	section titled "DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES" specifies which policy(s)
the a	dditional insured and waiver of subrogation applies. (See #3 for specific additional insured and
<u>waiv</u>	er of subrogation language)GENERAL LIABILITY (See #4)
	The section titled "GENERAL LIABILITY, GEN'L AGGREGATE LIMIT APPLIES PER", either the "PROJECT" or "LOCATION" (if applicable) box MUST be checked.
	The insurance certificate MUST indicate whether the policy is "CLAIMS-MADE" or "OCCURRENCE".
AUT	OMOBILE LIABILITY
	The Automobile liability MUST include coverage for all "ALL OWNED, HIRED, AND NON-OWNED" vehicles or "ANY AUTO". If the company does not own any vehicles, please provide a letter on company letterhead stating that the company does not own any vehicles. Coverage MUST still be provided for "HIRED and NON-OWNED" vehicles. (See #5)
DEDU	UCTIBLES/SELF INSURED RETENTIONS
	The certificate MUST state the amount of any deductible or self-insured retention and that it is the responsibility of the Company. If there is none, please state "no deductible or SIR."
<u>CERT</u>	TIFICATE HOLDER
	Hillsborough County Aviation Authority <i>(See #6)</i>
	Attn: Chief Executive Officer
	Tampa International Airport
	P.O. Box 22287
	Tampa, FL 33622