



Dear Vendor,

The attached “*ACORD CERTIFICATE OF INSURANCE*” is a sample of what your firm will obtain from your Insurance Agent once Miami-Dade County recommends your firm for Award.

The below will indicate essential and pertaining information that should be reflected on the Certificate of Insurance.

- **Producer:** Name of Insurance Agency and Address
- **Insured:** Name of Firm
- **Insurer A – E:** Name of Companies providing coverage(s) and NAIC #
- **Policy Number**
- **Policy Effective Date**
- **Policy Expiration Date**
- **General Liability: Limit will be accordingly to the requirements**
- **Hired Autos Liability: Limit will be accordingly to the requirements**
- **Non-Owned Autos Liability: Limit will be accordingly to the requirements**
- **Worker’s Compensation Liability**
- **Signature of Insurance Agent**
- *Miami-Dade County* must be shown as an *additional insured* with respect to {the coverage required) usually is General Liability. Nonetheless, it will state such on the insurance requirements.
  
- *Certificate Holder* must read: **Miami-Dade County**  
**111 N.W. 1<sup>st</sup> Street, Suite 1300**  
**Miami, FL 33128**