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. 1st Street, Suite 1300  
  Miami, FL 33128