

AGREEMENT

This Agreement is made and entered into this _____ day of _____, 20____, (award date for projects subject thereto) by and between the Board of County Commissioners of Hillsborough County, Florida (hereinafter called "County") and _____ (hereinafter called "Contractor").

WITNESSETH THAT:

In consideration of the mutual covenants and provisions contained herein, the parties hereto agree as follows:

1. The Contractor shall provide to the County, within the Contract Time, all labor, materials, and appurtenances thereto per the requirements set forth in the Contract Documents for: XXX (Project Title).

2. The Contractor shall complete the Work to be performed under this Agreement within XXX Days from the written Notice to Proceed Date. In addition to the number of Days specified in the preceding sentence, XXX Days have been included in the Contract Time for allocation to the Contractor for performance of Allowance Work in accordance with the Allowances provision of the Contract Documents. Time is of the essence for the completion of said Work after the issuance of the aforesaid Notice to Proceed. This Project has certain critical milestones to be met. The Milestone Date(s) which must be strictly adhered to are detailed in the Special Terms and Conditions.

Failure to complete the Work by the Milestone Date(s) shall entitle the County to deduct from the Contract Price Liquidated Damages per Day of delay as detailed in the Special Terms and Conditions. The amounts of Liquidated Damages for individual Milestone Dates are additive for each Day of delay they are concurrently in effect. Notwithstanding the foregoing, the maximum liquidated damages which shall be assessed per day shall not exceed the amount of XXX.

3. This Agreement includes and incorporates by reference all Contract Documents, as the term is defined in the Definitions.

4. The total Contract Price for the full and complete performance by Contractor of all Work required by the Contract Documents shall be the total Bid Price plus allowances, such total sum being \$XXX. Payment shall be made not more often than once per month and in accordance with the Contract Documents.

5. During the performance of this Agreement, the Contractor herein assures the County that said Contractor is in compliance with Title VII of the 1964 Civil Rights Act, as amended, and the Florida Civil Rights Act of 1992 in that the Contractor does not on the grounds of race, color, national origin, religion, sex, age, disability or marital status, discriminate in any form or manner against said Contractor's employees or applicants for employment. The Contractor understands and agrees that this Agreement is conditioned upon the veracity of this Statement of Assurance. Furthermore, the Contractor herein assures the County that said Contractor will comply with Title VI of the Civil Rights Act of 1964 when Federal grant(s) is/are involved. Other applicable Federal and State laws, executive orders and regulations prohibiting the type of discrimination as hereinabove delineated are included by this reference thereto. This Statement of Assurance shall

be interpreted to include Vietnam Era Veterans and Disabled Veterans within its protective range of applicability.

6. The Contractor shall comply with Hillsborough County, Florida – Code of Ordinances and Laws, Part A, Chapter 30, Article II (Hillsborough County Human Rights Ordinance) as amended, which prohibits illegal discrimination on the basis of actual or perceived race, color, sex, age, religion, national origin, disability, marital status, sexual orientation, or gender identity or expression, in employment, public accommodations, real estate transactions and practices, County contracting and procurement activities, and credit extension practices.

7. The Contractor shall furnish to the County (when and in the manner required by the Contract Documents) all appropriate Certificate(s) of Insurance, Performance Bond, Payment Bond, and any other such document as required by the Contract Documents within ten (10) Days following the Notification of Award.

8. Indemnification: The Contractor, in consideration of the payments, mutual covenants, and conditions contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, shall protect, defend, indemnify, and hold the County, and its independent contractors, subconsultants, invitees, successors, and assigns harmless from and against any and all claims, damages, demands, expenses, actions, causes of action, either at law or in equity, and judgments including court costs and attorneys' fees that may hereafter at any time be made or filed against the County for personal injury, property damage, loss of monies, or other losses, penalties, damages, or professional performance of Work by its Subcontractors, agents, or employees, or by any of the respective officers, agents, or employees of the Contractor, its Subcontractors, or anyone directly or indirectly employed by any of them to the extent caused or incurred, as a result of any negligent, wrongful, or intentional act or omission of, or based on any act of fraud or defalcation by the Contractor or anyone performing any act required of the Contractor in connection with the performance of the Work under this Project. The Contractor may defend any claim for which the Contractor has responsibility hereunder with counsel of its choice, subject to the County's prior written approval. The Contractor's obligation under this provision shall not be limited in any way by the Contractor's or its Subcontractors' limit of, or lack of, sufficient insurance. This Clause shall survive the termination of this Agreement and shall continue in full force and effect so long as the possibility of any liability, claim, or loss exists, unless otherwise prohibited by law.

9. The County and the Contractor acknowledge the acceptance of the following Alternate(s)

No. _____ No. _____ No. _____ No. _____

No. _____ No. _____ No. _____ No. _____

10. This Agreement and any changes thereto constitute the entire agreement between the Contractor and the County relating to the Work. There are no previous or contemporaneous representations or warranties of the County or the Contractor not set forth herein.

11. Except as specifically provided herein, no modification, waiver, termination, rescission, discharge, or cancellation of this Agreement, or of any term thereof, shall be binding on the County unless in writing and executed by the Board of County Commissioners.

12. Waiver by the County of a breach of any provision of this Agreement by the Contractor shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement.

13. This Agreement may only be amended or modified by a written instrument executed by the County and the Contractor, except for Unilateral Change Orders, as provided for in the General Terms and Conditions.

14. Unless otherwise specified, this Agreement shall be governed by the laws, rules, and regulations of Florida, or the laws, rules, and regulations of the United States when providing Work funded by the United States government and venue shall be in Hillsborough County, Florida.

15. The duties and obligations imposed upon the Contractor by this Agreement and the rights and remedies available hereunder shall be in addition to and not limited to any otherwise imposed or available by law or statute or special guarantee.

16. This Agreement shall be binding upon and its benefits and advantages shall inure to the heirs, personal representatives, successors, and assigns of the parties hereto.

The foregoing statements are true and correct and the instruments referred to herein are incorporated by reference into this Agreement.

[THE REST OF THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

**ATTEST: PAT FRANK
CLERK OF CIRCUIT COURT**

**HILLSBOROUGH COUNTY,
FLORIDA**

BY: _____
DEPUTY CLERK

BY: _____
CHAIRMAN, BOARD OF
COUNTY COMMISSIONERS

ATTEST:

CONTRACTOR

WITNESS
OR
NOTARY PUBLIC)

AUTHORIZED CORPORATE OFFICER
INDIVIDUAL (SIGN BEFORE

WITNESS

(Printed Name of Signer)

APPROVED BY THE COUNTY ATTORNEY

(Title)

By _____
Approved As To Form and Legal Sufficiency

(Phone)

(Date)

(ACKNOWLEDGEMENT OF CONTRACTOR, IF A CORPORATION)

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization

this _____ day of _____, 20____, by _____
(Name of person)

as _____ for _____.
(ie. Officer, attorney in fact) (Name of party on behalf of whom instrument was executed.)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

(ACKNOWLEDGEMENT OF CONTRACTOR, IF A PARTNERSHIP OR INDIVIDUAL)

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization

this _____ day of _____, 20____, by _____
(Name of person acknowledging)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

**HILLSBOROUGH COUNTY
APPLICATION FOR PAYMENT**

(SECTION I)

PROJECT: _____

 CIP NO.: _____ BID NO.: _____
 CONTRACTOR: _____

PAGE ONE OF _____ PAGE(S)
 APPLICATION NO.: _____
 APPLICATION DATE: _____
 FOR PERIOD FROM: _____
 TO: _____

CHANGE ORDER SUMMARY

1	2	3		4
NO.	DATE APPROVED BY COUNTY	ADDITIVE		DEDUCTIVE
TOTALS				

CONTRACT STATUS

ORIGINAL CONTRACT SUM	\$ _____
NET CHANGE BY CHANGE ORDERS (COLUMN 3 MINUS COLUMN 4)	\$ _____
CONTRACT SUM TO DATE	\$ _____
<hr/>	
VALUE OF WORK IN PLACE	\$ _____
VALUE OF STORED MATERIALS	\$ _____
TOTAL EARNED	\$ _____
RETAINAGE AT _____ %	\$ _____
TOTAL EARNED LESS RETAINAGE	\$ _____
LESS PREVIOUS PAYMENTS	\$ _____
LESS _____	\$ _____
CURRENT PAYMENT DUE	\$ _____

(SECTION II)

CERTIFICATION BY CONTRACTOR

The undersigned Contractor certifies:

- 1) All amounts and items shown on this application are correct.
- 2) Any work performed or materials supplied have been done in accordance with the contract documents.
- 3) That the contractor has clear title to any materials or equipment for which the contractor is requesting payment as stored materials.
- 4) All amounts paid by the County to the Contractor in previous progress payments have been applied by the Contractor and its subcontractors to promptly pay, in proportionate amounts, all subcontractors, suppliers, and others who have contributed work or materials listed in the Schedule of Values of the previous Payment Applications, except as indicated on Attachment 1, which is incorporated herein, consisting of _____ page(s).
- 5) The Contractor will apply any sums paid by the County from this Application for Payment to subcontractors, material, suppliers, and others who have contributed work or materials included in the line items referenced in the attached Schedule of Values (less retainage, if applicable) except as indicated on Attachment 2, which is incorporated herein, consisting of _____ page(s).

CONTRACTOR: _____

BY: _____

 (Title)

 (Date)

ATTEST:

State of _____
 County of _____

Sworn to (or affirmed) and subscribed before me, by means of _____
 _____ physical presence or _____ online notarization, this _____ day of
 _____, 20____, by _____.

Notary Public: _____
 My Commission Expires: _____
 SEAL)

Personally Known OR Produced Identification
 Type of Identification Produced _____

(SECTION III) CERTIFICATION BY HILLSBOROUGH COUNTY AND REPRESENTATIVES

Based on on-site observations and the data comprising this Application for Payment, the undersigned certifies that the Work has progressed to the point indicated herein and to the best of my knowledge, information and belief is in accordance with the Contract Documents and that the CONTRACTOR is entitled to payment of the amount certified herein.

Hillsborough County INSPECTOR:	_____	DATE	_____
Hillsborough County RESIDENT ENGINEER:	_____	DATE	_____
Hillsborough County PROJECT MANAGER:	_____	DATE	_____
Hillsborough County SECTION MANAGER*:	_____	DATE	_____

(*applicable if Project Manager is a temporary employee, consultant, or 50% of payment application; otherwise N/A)

COUNTY REPRESENTATIVE:

PROFESSIONAL CONSULTANT:	_____	DATE	_____
BY:	_____		

(See Instructions on Back)

**HILLSBOROUGH COUNTY'S CONSTRUCTION APPLICATION
FOR PAYMENT INSTRUCTION**

The purpose of this form is to facilitate the summary information for Hillsborough County's Construction Application for Payment. This form will be completed by the Contractor each time payment is requested for a project. This Application for Payment will be accompanied by a Schedule of Values (which provides line-item detail information for the project), Attachment 1, and Attachment 2.

SECTION I: This section will be completed by the Contractor. The Contractor will provide the information as indicated on the form.

SECTION II: This section will be completed by the Contractor. In this section, the Contractor will provide certification about the information provided in Section I. The certification will be provided in accordance with the construction Contract Documents.

SECTION III: This section will be completed to provide approval by Hillsborough County staff and/or its representative(s). Under the approval section by Hillsborough County staff: signature/approval by a County Project Manager will always be provided. However, the signature for the Resident Engineer or the Inspector will only be provided if the County is responsible for these functions. When the County is not responsible for these functions, the approval will indicate "N/A".

Under the approval section by Hillsborough County's Representative: signature/approval will be provided by a Construction Manager when applicable. Additionally, signature/approval may also be provided by a Professional when applicable. When there is no Construction Manager or Professional responsible for such activities then the approval will indicate "N/A".

HILLSBOROUGH COUNTY CHANGE ORDER FORM

CONTRACT: _____ **CHANGE ORDER NO.:** _____

CONTRACTOR: _____ **BID NO:** _____
_____ **PROJECT NO:** _____
_____ **CPA NO:** _____

TIME CHANGE

EXTRA WORK

CREDIT

OTHER

The Contractor is hereby authorized and directed to make the following changes and modifications to the aforesaid Contract in accordance with all requirements applicable thereto.

DESCRIPTION OF CHANGE:	<u>COST</u> <u>IMPACT</u>	<u>FINAL</u> <u>COMPLETION</u> <u>DAYS</u>
-------------------------------	--------------------------------------	---

REASON FOR CHANGE:

The original Contract Sum (TOTAL GMP) was \$ _____
Net change by previous Change Orders \$ _____
The Contract Sum prior to this Change Order was \$ _____
The Contract Sum will be _____ by this Change Order. \$ _____
(increased, decreased or unchanged)
The new Contract Sum including this Change Order will be \$ _____

The Final Completion Milestone prior to this Change Order was _____.
The time for Final Completion Milestone will be _____ by _____ () days.
(extended, reduced or unchanged)
The Final Milestone for this change order therefore is therefore _____

The Contractor waives any and all claims to additional time extension and/or additional monetary compensation resulting from these changes and all cost associated with the change order as herein addressed.

Excepting those terms and provisions conflicting with this Change Order which are hereby changed to conform hereto, the aforesaid Contract as amended by all previous change orders hereto is otherwise reaffirmed in its entirety.

IN WITNESS WHEREOF, this Change Order No. _____ to _____ has been executed by the parties hereto or their duly authorized representatives.

ATTEST: PAT FRANK
Clerk of Circuit Court

COUNTY: HILLSBOROUGH COUNTY FLORIDA

BY: _____
Deputy Clerk

BY: _____
Chairman, Board of County Commissioners

BOCC Document Number

Date of BOCC approval

ATTEST:

CONTRACTOR:

Witness

BY: _____
Authorized Signature (SEAL)

TITLE: _____

DATE: _____

	Approved	Date
Purchasing: _____	_____	_____
Fiscal: _____	_____	_____
Director: _____	_____	_____
Legal: _____	_____	_____

(ACKNOWLEDGMENT OF CONTRACTOR, IF A CORPORATION)

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____, by _____
(Name of person)
as _____ for _____.
(ie. Officer, attorney in fact) (Name of party on behalf of whom instrument was executed.)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

(ACKNOWLEDGMENT OF CONTRACTOR, IF A PARTNERSHIP OR INDIVIDUAL)

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20____, by _____.
(Name of person acknowledging)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

CONSENT OF SURETY TO CHANGE ORDER

CONTRACT TITLE: _____

CONTRACTOR (PRINCIPAL): _____

SURETY: _____

AGENT: _____

The SURETY does hereby acknowledge and agree to Change Order No. _____ to the above referenced contract with Hillsborough County, _____ the contract amount
(increasing/decreasing)
by \$_____, and/or extending the completion date by _____ (_____) calendar days. The SURETY further acknowledges that the performance bond and/or payment bond furnished under the aforementioned contract is accordingly changed to reflect the change in contract amount, and/or time included in Change Order No. _____.

This Consent is dated this _____ day of _____, 20____.

SURETY: _____

BY: _____ (SEAL)
Authorized Signature

-OR-

BY: _____ (SEAL)
As Attorney in Fact
(Attach Power of Attorney)

Printed Name

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ___ day of _____, 20____, _____ by
(Name of person)

_____ for _____.
(ie. Officer, attorney in fact) (Name of party on behalf of whom instrument was executed.)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Know OR Produced Identification

Type of Identification Produced _____

CONSENT OF SURETY TO CHANGE ORDER

CONTRACT TITLE: _____

CONTRACTOR (PRINCIPAL): _____

SURETY: _____

AGENT: _____

The SURETY does hereby acknowledge and agree to Change Order No. _____ to the above referenced contract with Hillsborough County, _____ the contract amount

(increasing/decreasing)

by \$ _____, and/or extending the completion date by _____ (_____) calendar days.

The SURETY further acknowledges that the performance bond and/or payment bond furnished under the aforementioned contract is accordingly changed to reflect the change in contract amount, and/or time included in Change Order No. _____.

This Consent is dated this _____ day of _____, 20____.

SURETY: _____

BY: _____ (SEAL)

Authorized Signature

-OR-

BY: _____ (SEAL)

As Attorney in Fact
(Attach Power of Attorney)

Printed Name

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me by means of physical presence or online

notarization this ___ day of _____, 20____, _____ by
(Name of person)

_____ for _____.

(ie. Officer, attorney in fact)

(Name of party on behalf of whom instrument was executed.)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Know OR Produced Identification

Type of Identification Produced _____

CONSENT OF SURETY TO FINAL PAYMENT

WHEREAS, the BOARD OF COUNTY COMMISSIONERS OF HILLSBOROUGH COUNTY, FLORIDA, hereinafter called the "OWNER", and _____, hereinafter call the "CONTRACTOR", entered into an Agreement on _____, 20____, for the purpose of _____; and

WHEREAS, _____, hereinafter called the "SURETY", is bound to the OWNER through its Performance and Payment Bond dated _____ 20____, and in the sum of \$_____.

NOW, THEREFORE, the SURETY does hereby approve of the Final Payment by the OWNER to the CONTRACTOR and agrees that said Final Payment shall not relieve the SURETY of any obligations to the OWNER as set forth in the aforesaid Bond.

Given this _____ day of _____, 20_____.

SURETY: _____

Witness

BY: _____
Authorized Signature

Witness

BY: _____
As Attorney in Fact

Agency (attach Power of Attorney)

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ___ day of _____, 20____, _____ by
(Name of person)

_____ for _____.
(ie. Officer, attorney in fact) (Name of party on behalf of whom instrument was executed.)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Know OR Produced Identification

Type of Identification Produced _____

**CONTRACTOR'S AFFIDAVIT OF
PAYMENT OF DEBTS AND CLAIMS**

The undersigned hereby certifies that except as noted below all bills for labor, services and materials furnished by the CONTRACTOR and all suppliers and/or subcontractors of the CONTRACTOR under and pursuant to the provisions of the Agreement dated the _____ day of _____, 20____, between the Hillsborough County Board of County Commissioners (COUNTY) and _____ (CONTRACTOR) concerning that certain project designated as _____ have been paid in full or otherwise satisfied including all known indebtedness and all claims for damages against said CONTRACTOR arising in any manner in connection with the performance of the Agreement referenced above for which the COUNTY might in any way be held responsible.

Exceptions: _____ (If none, write "None".)

_____ (If yes, write "Yes" and attach list.)

Certified this _____ day of _____, 20 _____.

CONTRACTOR:

BY: _____

Title

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 2020, by _____,
(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known or Produced Identification

Type of Identification Produced _____

CERTIFICATE OF LIABILITY INSURANCE

Date: _____

Producer, Address, Telephone No.	Insurers Affording Coverage
	Insurer A:
	Insurer B:
Insured, Address	Insurer C:
	Insurer D:
	Insurer E:

This is to certify that the insurance policies listed below have been issued to the insured and are in force at this time. It is further certified that these policies have been endorsed to provide that they will not be cancelled or changed so as to reduce the described coverages until 30 days after written notice of such cancellation or change has been delivered to the certificate holder at the address shown below.

Insr Ltr	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits												
	General Liability <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <input type="checkbox"/> _____ <input type="checkbox"/> _____ General Aggregate Limit Applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Each Occurrence</td><td style="width: 20%; text-align: right;">\$</td></tr> <tr><td>Fire Damage</td><td style="text-align: right;">\$</td></tr> <tr><td>Personal & Advertising Injury</td><td style="text-align: right;">\$</td></tr> <tr><td>General Aggregate</td><td style="text-align: right;">\$</td></tr> <tr><td>Products – Completed Operations Aggregate</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> </table>	Each Occurrence	\$	Fire Damage	\$	Personal & Advertising Injury	\$	General Aggregate	\$	Products – Completed Operations Aggregate	\$		\$
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	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"/> _____ <input type="checkbox"/> _____				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Combined Single Limit (Each Accident)</td><td style="width: 20%; text-align: right;">\$</td></tr> <tr><td>Bodily Injury (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (Each Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage (Per Accident)</td><td style="text-align: right;">\$</td></tr> </table>	Combined Single Limit (Each Accident)	\$	Bodily Injury (Per Person)	\$	Bodily Injury (Each Accident)	\$	Property Damage (Per Accident)	\$				
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	Garage Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> _____				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Auto Only – Ea Acc</td><td style="width: 20%; text-align: right;">\$</td></tr> <tr><td>Other than Ea Acc Auto Only:</td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;">Aggregate</td><td style="text-align: right;">\$</td></tr> </table>	Auto Only – Ea Acc	\$	Other than Ea Acc Auto Only:	\$	Aggregate	\$						
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	Excess Liability <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention \$ _____				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Each Occurrence</td><td style="width: 20%; text-align: right;">\$</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> </table>	Each Occurrence	\$	Aggregate	\$		\$		\$				
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	Workers' Compensation and Employer's Liability				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"> <input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other </td><td style="width: 20%; text-align: right;">\$</td></tr> <tr><td>E. L. Each Accident</td><td style="text-align: right;">\$</td></tr> <tr><td>E. L. Disease – Ea Emp</td><td style="text-align: right;">\$</td></tr> <tr><td>E. L. Disease – Pol Limit</td><td style="text-align: right;">\$</td></tr> </table>	<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	\$	E. L. Each Accident	\$	E. L. Disease – Ea Emp	\$	E. L. Disease – Pol Limit	\$				
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	Other _____				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="width: 20%; text-align: right;">\$</td></tr> </table>		\$										
	\$																

- Contractual Liability Coverage is Included in listed General and Auto Liability Policies.
- "Hillsborough County, a political subdivision of the state of Florida" has been named as an Additional Insured on the listed General, Auto and Aircraft Liability Policies.
- Listed General Liability Policies include a Separation of Insureds (severability of interests) provision.
- Other Provisions/Limitations/Conditions:

Certificate Holder: Hillsborough County - BOCC Risk Management Division 601 E. Kennedy Blvd, 26 th FL Tampa, FL 33602	Fax No. 813-635-8284	Authorized Representative: _____ Signature _____
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