



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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:	NAME, ADDRESS AND CONTACT INFORMATION FOR YOUR INSURANCE COMPANY OR THE AGENT/BROKER ISSUING THE CERTIFICATE		CONTACT: NAME: PHONE: _____ (A/C, No. Ext): _____ FAX: _____ (A/C, No): _____ E-MAIL: _____ ADDRESS: _____	
			INSURER(S) AFFORDING COVERAGE INSURER A : _____	
INSURED:	LEGAL NAME AND ADDRESS OF YOUR FIRM		INSURER B : _____	
			INSURER C : _____	
			INSURER D : _____	
			INSURER E : _____	
			INSURER F : _____	

COVERS **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR			COMPLETE THESE SECTIONS EVIDENCING ALL COVERAGES, WITH APPLICABLE LIMITS OF INSURANCE REQUIRED BY OUR CONTRACT OR PURCHASE ORDER WITH YOU. INCLUDE ALL POLICY NUMBERS, POLICY EFFECTIVE DATES AND POLICY EXPIRATION DATES. SHOW AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC			EACH OCCURRENCE \$	
	DAMAGE TO RENTED PREMISES (EA occurrence)							
	MED EXP (Any one person)							
	PERSONAL & ADV INJURY							
AUTOMOBILE LIABILITY	ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			INSURANCE COVERAGES IN EFFECT OR TO BE EFFECTIVE CONCURRENTLY WITH CONTRACT OR PURCHASE ORDER. COMPLETE ALL APPLICABLE SECTIONS. INCOMPLETE CERTIFICATES MAY BE RETURNED AND COULD RESULT IN DELAYS AND/OR FAILURE TO EXECUTE CONTRACT OR PURCHASE ORDER WITH YOU!			GENERAL AGGREGATE \$	
	PRODUCTS - COMP/OP AGG							
UMBRELLA LIAB EXCESS LIAB	DED <input type="checkbox"/> RETENTION \$					COMBINED SINGLE LIMIT (EA accident) \$		
	BODILY INJURY (Per person)							
	BODILY INJURY (Per accident)							
	PROPERTY DAMAGE (Per accident)							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A	PLEASE MARK "X" THE STATUTORY LIMITS BOX WHEN APPLICABLE FOR WORKERS COMPENSATION COVERAGE.			EACH OCCURRENCE \$		
	WC STATU- TORY LIMITS							
	OTH- ER							
	E.L. EACH ACCIDENT \$							
OTHER (for example, PROFESSIONAL LIABILITY, INSTALLATION FLOATER, AIRCRAFT LIABILITY, RAILROAD LIABILITY, ENVIRONMENTAL LIABILITY)			SHOW APPLICABLE LETTER FROM ABOVE OF INSURANCE COMPANY AFFORDING EACH INDIVIDUAL REQUIRED POLICY.		E.L. DISEASE - EA EMPLOYEE \$			
					E.L. DISEASE - POLICY LIMIT			

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

IT IS AGREED THAT SEMINOLE ELECTRIC COOPERATIVE, INC., ITS SUBSIDIARIES, TRUSTEES, DIRECTORS, OFFICERS, AND EMPLOYEES ARE ADDED AS ADDITIONAL INSUREDs UNDER THE GENERAL LIABILITY, AUTOMOTIVE LIABILITY AND EXCESS LIABILITY POLICIES. ALL INSURANCE COMPANIES LISTED ABOVE AGREE TO WAIVE ANY AND ALL RIGHTS OF SUBROGATION OR RECOVERY AGAINST SEMINOLE ELECTRIC COOPERATIVE, INC., ITS SUBSIDIARIES, TRUSTEES, DIRECTORS, OFFICERS, AND EMPLOYEES.

CERTIFICATE HOLDER

SEMINOLE ELECTRIC COOPERATIVE, INC. P.O. BOX 272000, TAMPA, FL 33688-2000	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	AUTHORIZED REPRESENTATIVE ORIGINAL SIGNATURE OF INSURER, AGENT OR BROKER	