

Proof of Insurance Requirements for Construction Permits

The UCF Building Department requires proof of insurance prior to approving a permit for issuance. The requirements are as follows:

- Each contractor working a job (GC and subcontractors) must provide current proof of insurance to the UCF Building Department
- This is the Certificate that the insurance company should provide.
 - **General Liability** is required
- **The Certificate Holder on each provided MUST be The University.** Please use the address below.
 - University of Central Florida Board of Trustees
ATTN: Risk Management
4365 Andromeda Loop N. MH 328
Orlando, FL 32816-0001
- If you have provided proof of insurance in [Citizenserve](#), you will need to ensure it is up to current. You will need to upload the current one promptly.
 - If you would like to ensure the permitting process is as quick and seamless as possible, please call or email your UCF Project Manager, or the Permit Technician(s) to confirm that we have your insurance on file.
- COIs can be uploaded through [Citizenserve](#). Please use the link "Update My Information" after login, and delete the expired COI before uploading the updated one.
- See sample on the next page.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/20**

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 Insurance Agency, Inc. 1234 No Name Street Anywhere, FL 01234-5678	CONTACT NAME: John Doe
	PHONE (AG, No. Ext): (555) 789-0123 FAX (AG, No.): (555) 012-3451 E-MAIL: JohnDoe@InsuranceAgencyInc.com ADDRESS: JohnDoe@InsuranceAgencyInc.com
INSURED Company A 567 Unknown Circle Your City, GA 56789-1234	INSURER(S) AFFORDING COVERAGE
	INSURER A: ABC Insurance Company NAIC # #####
	INSURER B: DEF Insurance Company NAIC # #####
	INSURER C: XYZ Insurance Company NAIC # #####
	INSURER D:
	INSURER E:

COVERAGES 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability	X		ABC1234569241-02	1/1/20**	1/1/20** (Valid Dates)	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		DEF9876543210-01	1/1/20**	1/1/20**	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$						BOODLY INJURY (Per person) \$ BOODLY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	XYZ56798224 (FL)	1/1/20**	1/1/20**	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

University of Central Florida Board of Trustees included as Additional Insured arising out of the acts or omissions of the insured or those acting on behalf of the insured. (or similar statement)

Note: If this is an ongoing service or a vendor that will come out multiple times, they can leave off event dates and the certificate will be good for the duration of the policy period.

CERTIFICATE HOLDER University of Central Florida Board of Trustees ATTN: Risk Management 4365 Andromeda Loop N. MH 328 Orlando, FL 32816-0001	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 <i>Signature</i>