

**SCHEDULE C – INSURANCE REQUIREMENTS**

**Notice:** The Dr. Thogmartin must provide a certificate of insurance and endorsement in accordance with the insurance requirements listed below prior to commencement of work.

The Dr. Thogmartin shall obtain and maintain at all times during its performance of the Agreement, insurance of the types and in the amounts set forth. All insurance policies shall be from companies licensed to do business in the State of Florida and have an AM Best rating of A- VIII or better.

- a) Within 10 days prior to commencement of work, Dr. Thogmartin shall email certificate that is compliant with the insurance requirements to: [Insurancecerts@pinellascounty.org](mailto:Insurancecerts@pinellascounty.org). The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s). **A copy of the endorsement(s) referenced in paragraph d) for Additional Insured shall be attached to the certificate(s) referenced in this paragraph.**
- b) Approval by the County of any Certificate(s) of Insurance does not constitute verification by the County that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate(s) of Insurance is in compliance with the requirements of the Agreement.
- c) All policies providing liability coverage(s), other than professional liability and workers compensation policies, obtained by the Dr. Thogmartin and any sub-consultants to meet the requirements of the Agreement shall be endorsed to include Pinellas County, a Political Subdivision of the State of Florida as an Additional Insured.
- d) If any insurance provided pursuant to the Agreement expires prior to the completion of the Work, renewal Certificate(s) of Insurance and endorsement(s) shall be furnished by the Dr. Thogmartin to the County through : [Insurancecerts@pinellascounty.org](mailto:Insurancecerts@pinellascounty.org) at least thirty (30) days prior to the expiration date.
  - (1) Dr. Thogmartin shall also notify County within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said Dr. Thogmartin from its insurer. Notice shall be given by certified mail to: **Pinellas County Risk Management 400 South Fort Harrison Ave Clearwater, FL 33756**. Nothing contained herein shall absolve Dr. Thogmartin of this requirement to provide notice.
  - (2) If the Dr. Thogmartin fails to maintain the insurance coverages required herein the County may terminate the Agreement.
- e) The County reserves the right, but not the duty, to review and request a copy of the Dr. Thogmartin's most recent annual report or audited financial statement when a self-insured retention (SIR) or deductible exceeds \$50,000.
- f) Each insurance policy and/or certificate shall include the following terms and/or conditions:
  - (1) The Named Insured on the Certificate of Insurance and insurance policy must match the entity's name that is signing the agreement with the County. If Dr. Thogmartin is a Joint Venture per Section A. titled Joint Venture of this Bid, Certificate of Insurance and Named Insured must show Joint Venture Legal Entity name and the Joint Venture must comply with the requirements of Section C with regard to limits, terms and conditions, including completed operations coverage.
  - (2) Companies issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Dr. Thogmartin.
  - (3) The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.
  - (4) The policy clause "Other Insurance" shall not apply to any insurance coverage currently held by County or any such future coverage, or to County's Self-Insured Retentions of whatever nature.
  - (5) All policies shall be written on a primary, non-contributory basis.
  - (6) Any Certificate(s) of Insurance evidencing coverage provided by a leasing company for either workers compensation or commercial general liability shall have a list of covered employees certified by the leasing

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company attached to the Certificate(s) of Insurance. The County shall have the right, but not the obligation to determine that the Dr. Thogmartin is only using employees named on such list to perform work for the County. Should employees not named be utilized by Dr. Thogmartin, the County, at its option may stop work without penalty to the County until proof of coverage or removal of the employee by the Dr. Thogmartin occurs, or alternatively find the Dr. Thogmartin to be in default and take such other protective measures as necessary.

(7) Insurance policies, other than Professional Liability, shall include waivers of subrogation in favor of Pinellas County from both the Dr. Thogmartin and sub-consultant Provider(s).

g) The minimum insurance requirements and limits for this Agreement, which shall remain in effect throughout its duration and for two (2) years beyond final acceptance for projects with a Completed Operations exposure, are as follows:

(1) Workers' Compensation Insurance

Limit Florida Statutory  
Employers' Liability Limits

Per Employee	\$ 500,000
Per Employee Disease	\$ 500,000
Policy Limit Disease	\$ 500,000

(2) Commercial General Liability Insurance including, but not limited to, Independent Dr. Thogmartin, Contractual Liability Premises/Operations, Products/Completed Operations, and Personal Injury.

Limits

Combined Single Limit Per Occurrence	\$ 1,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Personal Injury and Advertising Injury	\$ 1,000,000
General Aggregate	\$ 2,000,000

(3) Property Insurance Dr. Thogmartin will be responsible for all damage to its own property, equipment and/or materials.

(4) Professional Liability (Errors and Omissions) Insurance with at least minimum limits as follows. If "claims made" coverage is provided, "tail coverage" extending three (3) years beyond completion and acceptance of the project with proof of "tail coverage" to be submitted with the invoice for final payment. In lieu of "tail coverage", Dr. Thogmartin may submit annually to the County, for a three (3) year period, a current certificate of insurance providing "claims made" insurance with prior acts coverage in force with a retroactive date no later than commencement date of this contract.

Limits

Each Occurrence or Claim	\$1,000,000
General Aggregate	\$3,000,000