


## City of Coral Gables Certificate Requirements

- \* Please note that the certificate requirements appearing in this notice are for certificate tracking purposes only and do not alter your insurance obligations under your agreement in any way.
- \* See sample certificate for required additional insured wording and coverage amounts.

### The Certificate must include:

- \* Show complete insurance carrier name as it appears in AM Best Property & Casualty Guide (or include NAIC# or AMBest#).
- \* Include 30 days notice of cancellation & notice of Cancellation Endorsement.
- \* Binders are acceptable for 60 days.
- \* Must include Additional Insured Endorsement naming City of Coral Gables as additional insured.
- \* Must include Waiver of Subrogation Endorsement in favor of City of Coral Gables.
- \* General Liability must include Primary and Non contributory Endorsement.

If appropriate, please complete the following section and return this form to the address shown on the front of this notice.

Vendor #	032231	Vendor Name	ROBERT NANCE
<input type="checkbox"/>	My Company is no longer doing business with City of Coral Gables.		
<input checked="" type="checkbox"/>	Automobile - My company has no company-owned autos.		
<input checked="" type="checkbox"/>	Workers' Compensation - I certify that my company has no employees that fall within the jurisdiction of any state(s)		
<input checked="" type="checkbox"/>	Workers' Compensation Laws in which work is to be performed.		
		Date	
Authorized Signature		9/18/25	
ROBERT J. NANCE		954-328-0390	
Printed Name		Phone Number	
Title			