

**Bellini Condominium Association, Inc.**

**VENDOR INSURANCE AND LICENCE REQUIREMENTS**

As a condition precedent to a Contractor (and/or Subcontractor) working on behalf of the Bellini Condominium Association, Inc., and/or any unit owner, each Contractor is required to provide the following:

Certificate of Insurance naming the Bellini Condominium Association, Inc., as an additional insured with liability limits as listed below with said policy being underwritten by an insurance company with at least an "A-VII" rating as defined by A.M. Best. Workers Compensation policies must contain a "Waiver of Subrogation" and be shown on the Certificate. The Certificate of Insurance must be obtained prior to commencement of any work performed; the same is to be faxed directly from the insurance company to Management at the number provide below.

General Liability:	Each Occurrence	\$1,000,000
	Damage to Rented Premises	\$ 50,000
	Personal and Adv Injury	\$1,000,000
	General Aggregate	\$2,000,000
	Products	\$1,000,000
Automobile Liability	Combined Single Limit	\$1,000,000
Workers' Comp	Each Accident	\$1,000,000

Unit Owner and contractor agree to indemnify and hold harmless the Bellini Condominium Association, Inc., its officers, agents, management, employees and affiliates from any claims, demands, liabilities and expenses with respect to claims for bodily injury or death or property loss or damage by whomsoever such claim may be asserted which claims are based in whole or in part upon any act or omission on part of Contractor, its subcontractor, agents, servants, or employees in providing Services hereunder.

Contractor warrants that Services rendered herein by Contractor or any subcontractor will conform to the specifications requested, to be fit and sufficient for the purpose manufactured, of good material and workmanship and free from defect.

In addition, the Contractor will provide a copy of the valid Florida State Department of Business and Professional Regulation License; as well as, the valid Local County Business Tax Receipt. Moreover, request to see each valid County Personal Certificate of Competency for the respective trade of each employee working on site.

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I have reviewed and agreed to the all terms above:

Unit Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Unit Owner Name: \_\_\_\_\_  
(Print)

Unit Number: \_\_\_\_\_

Contract Signature: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_