



## **Contractor/Vendor Gate Access Document Registration Procedures**

### **Uploading required registration documents:**

1. Once you have informed Fisher Island Community Associations Public Safety Department of your intent to register, you will be issued a "User name and Password".
2. Log on to [www.gateaccess.net](http://www.gateaccess.net)
3. Use drop down box to select community code FICA
4. Enter your user name
5. Enter your password
6. Log on
7. Select browse to locate your document to be uploaded. (Please note, not all available sections apply to your project. If you are unsure please contact Public Safety Department)
8. Select Upload
9. If you would like to view your PDF upload to ensure it has uploaded properly, select view PDF
10. Additional uploads required are State license, Business Tax receipts, Project contracts, Gantt charts & any other applicable items that may pertain to you.(Please ask)

### **Adding employees ID's:**

1. Scroll to the bottom of your profile and select the box labeled "New"
2. Enter last name/company
3. Enter first name
4. Select browse to locate your employees Government issued ID to be uploaded (Must be Color copy)
5. Select browse to locate your employees Acknowledgment release of liability form to be uploaded
6. If you would like to view your PDF upload to ensure it has uploaded properly, select view PDF
7. Each time you add an employee, you must upload a revised employee roster

### **Deleting employees:**

1. Next to the name you would like to remove, you will see a delete button



## ✓ CONTRACTORS/SUBCONTRACTORS CHECK LIST

ALL INFORMATION MUST BE SUBMITTED TO THE FISHER ISLAND PUBLIC SAFETY DEPARTMENT.  
PLEASE SUBMIT ALL INFORMATION AHEAD OF SCHEDULE FOR REVIEW.

**PLEASE SUBMIT ALL DOCUMENTS TO:** [bjoseph@fisherislandfica.com](mailto:bjoseph@fisherislandfica.com)  
[cvalles@fisherislandfica.com](mailto:cvalles@fisherislandfica.com)

### LICENSES & APPROVALS

- Copy of the Contractor/Qualified Business License.
- County Business Tax Receipt and or Occupational license, if no state license.
- Copy of the Business Certificate Of Competency (COC) (**if applicable**).
- Condominium Association Approval (**General Contractor only**).
- ACC Approval (**if applicable**).

### INSURANCE

Fisher Island Community Association, Inc. (FICA) One Fisher Island Drive, Fisher Island, FL 33109 and the Condominium Association name where the work will be developed must be listed as "Additional Insured" on any project not on Club property. Any project on Club property requires that "Fisher Island Club" be listed as "Additional Insured", as well as FICA. **This rule applies to subcontractors also.** Please ensure the additional insured box is checked off and comments added in the description of operations section. See sample forms.

- General Liability insurance (minimum \$1,000,000).
- Workers Compensation insurance (minimum \$1,000,000 for General Contractor).
- Provide a **fully executed** copy of personnel leasing contract (**if applicable**).
- Automobile Liability insurance (\$100,000/\$300,000/\$100,000 per vehicle) or:
  - Automobile Combined Single Limit \$1,000,000
  - Workers Compensation insurance Statutory; Employer Liability Limits \$1M/\$1M/\$1M for General Contractors, \$100k/\$100k/\$100k for Subcontractors. Workers Compensation exemption certificate for company performing work (if applicable) If using a PEO, alternate employer endorsement must be included. Umbrella (Minimum limit of 5M)

### OTHERS

- Complete the FICA Public Safety Contractor/Subcontractor Registration Form. General Contractor will be issued a project number in order to request clearance for subcontractors/workers to the unit/job site if approved by the property owner.
- The name and contact information for the General Contractor/Subcontractor and all workers along with copies of vehicle registrations, driver licenses or valid identification.
- Use of Commercial Barge form must be signed by all employees.
- Acknowledgment, Release and Waiver of Liability must be signed by all employees.



## CONTRACTOR / SUBCONTRACTOR REGISTRATION FORM

PLEASE PRINT

<b>Company Name:</b>		<b>Unit Number:</b>	
<b>Contractor Name:</b>	First:                      Last:	<b>Password:</b>	
<b>Email Address:</b>			
<b>Contractor Lic. Number:</b>			
<b>Telephone Number:</b>			
<b>Cellular Number:</b>			
<b>Company Address:</b>	<b>Description of work to be performed:</b>		
<b>Does this representative have your authorization to clear other workers or vendors?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Does this contractor have your authorization to remove construction related items?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Representatives name authorized to clear:</b>			
<b>Property Owner's/Host Name (Print):</b>			
<b>Property Owner's/Host Signature:</b>			
<p>This form must be completed by the appropriate parties for registration with the Public Safety Department and submitted with the registration package to <a href="mailto:bjoseph@fisherislandfica.com">bjoseph@fisherislandfica.com</a> and copy <a href="mailto:cvalles@fisherislandfica.com">cvalles@fisherislandfica.com</a>. The registrant is responsible for keeping all documentation related to his/her project up to date.</p> <p>General contractors and subcontractors may be asked to park at the Fisher island terminal parking facility, Public Safety department will advise if approved and provide parking pass.</p> <p>For golf cart use on the island, carts must be properly registered and insured. For registration, please contact Nataly Garcia at <a href="mailto:ngarcia@fisherislandfica.com">ngarcia@fisherislandfica.com</a> or 305-535-6063.</p> <p>Valid color copies of driver licenses must be provided to facilitate a nationwide background check. You will be notified when the employee is approved and added to your employee roster. <b>DO NOT schedule your employees for access to Fisher Island until you have received acknowledgement that they are approved.</b></p>			
<b>Contractors Signature:</b>		<b>Date:</b>	



<b>Company Name:</b>			<b>Unit #/Location:</b>		
<b>Employee Name:</b>	First:	Last:	<b>Date of Birth:</b>		
<b>Driver License Number:</b>			<b>D. L. Exp. Date:</b>		
<b>Address:</b>			<b>City:</b>	<b>State:</b>	
<b>Zip Code:</b>			<b>Telephone #:</b>		
<b>Vehicle Make:</b>			<b>Vehicle Model:</b>		
<b>Vehicle Color:</b>			<b>Vehicle Year:</b>		
<b>Vehicle License Plate #:</b>			<b>Vehicle Reg. Exp.:</b>		
<b>Employee Name:</b>	First:	Last:	<b>Date of Birth:</b>		
<b>Driver License Number:</b>			<b>D. L. Exp. Date:</b>		
<b>Address:</b>			<b>City:</b>	<b>State:</b>	
<b>Zip Code:</b>			<b>Telephone #:</b>		
<b>Vehicle Make:</b>			<b>Vehicle Model:</b>		
<b>Vehicle Color:</b>			<b>Vehicle Year:</b>		
<b>Vehicle License Plate #:</b>			<b>Vehicle Reg. Exp.:</b>		
<b>Employee Name:</b>	First:	Last:	<b>Date of Birth:</b>		
<b>Driver License Number:</b>			<b>D.L. Exp. Date:</b>		
<b>Address:</b>			<b>City:</b>	<b>State:</b>	
<b>Zip Code:</b>			<b>Telephone #:</b>		
<b>Vehicle Make:</b>			<b>Vehicle Model:</b>		
<b>Vehicle Color:</b>			<b>Vehicle Year:</b>		
<b>Vehicle License Plate #:</b>			<b>Vehicle Reg. Exp.:</b>		
<b>Employee Name:</b>	First:	Last:	<b>Date of Birth:</b>		
<b>Driver License Number:</b>			<b>D.L. Exp. Date:</b>		
<b>Address:</b>			<b>City:</b>	<b>State:</b>	
<b>Zip Code:</b>			<b>Telephone #:</b>		
<b>Vehicle Make:</b>			<b>Vehicle Model:</b>		
<b>Vehicle Color:</b>			<b>Vehicle Year:</b>		
<b>Vehicle License Plate #:</b>			<b>Vehicle Reg. Exp.:</b>		



## Acknowledgement, Release and Waiver of Liability (During COVID 19)

I hereby acknowledge the following:

1. Fisher Island has a speed limit of **19 miles per hour (5mph at the garage terminal)**. Violations will result in fines and, for habitual offenders, consideration of drive on privilege revocation. No smoking while in queue waiting for commercial ferry and must remain in vehicle.
2. Fisher Island Community Association reserves the right to conduct a criminal background check as part of my registration process.
3. Fisher Island Community Association reserves the right to deny access to Fisher Island property based on the results of a criminal background check.
4. I hereby release and forever discharge and hold harmless Fisher Island Community Association, Inc. and/or Fisher Island Holdings, LLC, and their respective officers, employees, board members, and agents, from any and all liability, claim, loss, judgment, settlement, damage, or expense of any kind with respect to any property damage or theft that may result from parking on property owned or controlled by Fisher Island Community Association, Inc. and/or Fisher Island Holdings, LLC.
5. Fisher Island Community Association reserves the right to search and inspect my vehicle and any personal property I may bring on Fisher Island property. Possession of any type of weapon, ammunition or explosive material is not permitted on Fisher Island property.
6. Possession and/or distribution of illegal drugs or alcohol is not permitted on Fisher Island property.
7. Engaging in verbal threats or physical altercations (fighting) is not permitted on Fisher Island property.
8. Contractor Company or manager is responsible for transporting personnel while on Fisher Island.
9. All workers must attest that they are not sick or exhibited symptoms for at least 14 days. Protective masks and gloves will be worn at all times while on Fisher Island.
10. Each project site must provide a bathroom plan for all visiting vendors as they will not be permitted to use Public bathrooms around the island.
11. The employee cafeteria and employee restrooms are for Fisher Island employees only and not to be utilized by contractors and their employees.
12. Employees will travel directly from the ferry to the job site, and directly from the job site to the ferry at the end of the workday, no stops in between(vendors will not be permitted walk around the island).

**FAILURE TO COMPLY WITH ANY OF THE FOREGOING  
WILL RESULT IN DENIED OR REVOKED ACCESS TO FISHER ISLAND**

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Print Name]

\_\_\_\_\_  
[Telephone Number]

\_\_\_\_\_  
[Company Name]

\_\_\_\_\_  
Vehicle make

\_\_\_\_\_  
Model

\_\_\_\_\_  
Tag#

February 22, 2021



## Use of Commercial Ferry

All contractors must use the Terminal East Ferry located at 112 MacArthur Causeway Miami Beach, FL 33139.

### Hours of access for contractors

Monday – Friday: 6:00 a.m. to 6:00 p.m.

No contractor work on weekends or Holidays (Unless written approval is provided by property manager and confirmed by Public Safety)

- All vehicles using the Ferry are subject to search.
- Contractors must present a valid form of photo identification to enter Fisher Island and maintain possession of identification while on Fisher Island property.
- Contractors are allowed to drive to the building where they are conducting work to drop off tools, materials and workers and must park at the job site or terminal garage (based on availability and approval by FICA). Covers are required on all vehicles hauling loads.
- No unauthorized parking or parking on grass.
- Please keep noise to a minimum; refrain from honking your horn, playing loud music, or yelling.
- Vehicles must be in good working condition.
- Contractors may not operate a unit owner's golf cart without written authorization from the unit owner. Contractors may contact the Public Safety Office to inquire about the registration process for contractor golf carts.

### FAILURE TO COMPLY WITH ANY OF THE FOREGOING MAY RESULT IN DENIED OR REVOKED ACCESS TO FISHER ISLAND

I understand, acknowledge and agree to the foregoing.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

First: \_\_\_\_\_  
[Print Name]

Last: \_\_\_\_\_

\_\_\_\_\_  
[Telephone Number]

\_\_\_\_\_  
[Company Name]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/15/2020

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).

<b>PRODUCER</b> Insurance Agent/ Broker Name Insurance Agent/ Broker Street Address Insurance Agent City, State, Zip	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Name of Insurance Company	
<b>INSURED</b> Vendor Name Vendor Street Address Vendor City, State, Zip	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	
	<b>INSURER F :</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	Policy Number			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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	X	Policy Number			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X	X	Policy Number			EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	X	Policy Number		WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

# SAMPLE

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

Fisher Island Community Association, Inc, its partners, officers, shareholders, employees, agents, representatives, affiliates, subsidiaries, are included as additional insured for General Liability and Auto liability which includes ongoing and completed operations on a primary and noncontributory basis. Waiver of Subrogation applies to General Liability & Workers Comp. Umbrella is following form over the WC, Auto, & GL. Fisher Island Club, Inc. and FI Parcels, LLC are also listed as additional insured.

<b>CERTIFICATE HOLDER</b> Fisher Island Community Association, Inc One Fisher Island Drive Fisher Island, FL 33109	<b>CANCELLATION</b> 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





# 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).

<b>PRODUCER</b> Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact City & Phone Number	<b>CONTACT NAME:</b>	
	PHONE /A/C No. EXT:	FAX /A/C No.:
	E-MAIL ADDRESS:	
<b>INSURED</b> Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Name of Insurance Company	
	INSURER B : Name of Insurance Company (if applicable)	
	INSURER C : Name of Insurance Company (if applicable)	
	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 SUBR INSR WITH	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		Policy Number			EACH OCCURRENCE \$ 1 000 000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Y <input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100 000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> Y <input type="checkbox"/>				MED EXP (Any one person) \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					PERSONAL & ADV INJURY \$ 1 000 000
B	AUTOMOBILE LIABILITY		Policy Number			GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> Y <input type="checkbox"/>				PRODUCTS - COMP/OP AGG \$ 1 000 000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1 000 000
	UMBRELLA LIAB EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				BODILY INJURY (Per person) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Policy Number			BODILY INJURY (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under _____	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ 1 000 000
	DESCRIPTION OF OPERATIONS _____					AGGREGATE \$

# SAMPLE

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

Certificate holder, Fisher Island Club, Inc., FI Parcels, LLC and (BUILDING ASSOCIATION NAME WHERE PROJECT IS LOCATED, SEE ATTACHED LIST) are listed as additional insured with regards to both general and automobile liability.

Workers compensation in the amount of \$1,000,000 applies to certified general contractors, sub-contractors are required to provide \$100,000.

<b>CERTIFICATE HOLDER</b> Fisher Island Community Association, Inc. One Fisher Island Drive Fisher Island, FL 33109	<b>CANCELLATION</b> 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 _____  AUTHORIZED AGENT SIGNATURE/ENDORSEMENT _____
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**If the unit where the work is being performed begins with the below numbers,  
the Association name to the right is how it should be displayed on the Certificate of Insurance**

<b>BUILDING #</b>	<b>ASSOCIATION NAME</b>
20	Bayside Village East Condominium Association, Inc.
21	Bayside Village East Condominium Association, Inc.
22	Bayside Village Condominium Association, Inc.
23	Bayside Village Condominium Association, Inc.
24	Bayside Village Condominium Association, Inc.
25	Bayside Village Condominium Association, Inc.
40	Marina Village Gardens at Fisher Island Condominium No. Two Association, Inc.
41	Marina Village Condominium Association, Inc.
42	Marina Village at Fisher Island Condominium No. Three Association, Inc.
45-47	Harborview at Fisher Island Condominium Association, Inc.
48	Bayview at Fisher Island Condominium No. One Association, Inc.
49	Bayview at Fisher Island Condominium No. One Association, Inc.
50	5000 Bayview at Fisher Island Condominium Association, Inc.
51	5100 Bayview at Fisher Island Condominium Association, Inc.
52	Bayview at Fisher Island Condominium No. Three Association, Inc.
53	Bayview at Fisher Island Condominium No. Two Association, Inc.
69	Valencia Estates Homeowners' Association, Inc.
70	Palazzo del Sol / della Luna at Fisher Island Condominium Association, Inc.
71	Palazzo del Mare at Fisher Island Condominium No. One Association, Inc.
72	Oceanside at Fisher Island Condominium No. Five Association, Inc.
74	7400 Oceanside at Fisher Island Condominium Association, Inc.
76	7600 Oceanside at Fisher Island Condominium Association, Inc.
77	Oceanside at Fisher Island Condominium No. Four Association, Inc.
78	Oceanside at Fisher Island Condominium No. Three Association, Inc.
79	Oceanside at Fisher Island Condominium No. Two Association, Inc.
80	Oceanside at Fisher Island Condominium Association, Inc.
151-159	Seaside Villas Condominium Association, Inc.
191-192	Seaside at Fisher Island Condominium Association, Inc.

# UNITED STATES COAST GUARD

## MANDATED SAFETY MEASURES

In February of this year, the United States Coast Guard (USCG) Commander issued a temporary suspension of the condition that previously granted our ferry operation the special consideration to maintain all vehicle engines on while aboard the ferry.

**The USCG mandate requires all passengers to set their emergency brakes on and turn their vehicle engines off. Vehicle engines must remain off until the ferry lands and is tied up at the terminal.**

The Captain of the vessel has the authority and obligation to either remove any vehicle that does not comply with the USCG mandate or he can decide not to leave the terminal until 100 percent compliance is achieved. Captains and Deckhands are continuously reminding all passengers to set their emergency brakes on and turn their vehicle engines off. Additionally, signs in all points of entries are in place to remind all drivers to set their emergency brakes on and shut off their engines.

**Failure to comply with the USCG Mandate will result in denial of drive on access to the Transportation System.**

**Acknowledged By:**

---

Signature

---

Employee Name

---

Date Signed

---

Company Name



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

Employee Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Host Unit/Building # \_\_\_\_\_

\*\*\*Note\*\*\*THIS PLACARD MUST REMAIN ON THE VEHICLE DASHBOARD WHILE PARKED ON FISHER ISLAND OR IT MAY BE SUBJECT TO VEHICLE ACCESS DENIAL.



Confidential Information for Fisher Island Public Safety Department use only

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

U.S. Driver License # \_\_\_\_\_

**Office Use Only:**  
**Decal #:** \_\_\_\_\_

Home Telephone #: ( ) \_\_\_\_\_ Business Telephone #: ( ) \_\_\_\_\_

Cellular Telephone #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_ Exp. Date: / /

Telephone: \_\_\_\_\_

**Emergency Contact #:**  
**Name:** \_\_\_\_\_

Golf Cart No. 1 Decal No: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Series No: \_\_\_\_\_

Golf Cart No. 2 Decal No: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Series No: \_\_\_\_\_

Golf Cart Inspected By: \_\_\_\_\_

Must bring a valid picture identification to match the name on this form, (i.e. driver's license).  
Bring the completed application and Driver's License to Public Safety Department to receive the Golf Cart Decal. No decal will be issued without proper identification or if the application is not proper filled out.

I have read and fully understand the procedures for Safety Operations of Contractor Golf Carts. (see attached)  
I also acknowledged that if I fail to comply with the Safety Operations' procedures; Fisher Island has the right to deny access to the property if I violate any of the policies in placed.

Applicant Signature: \_\_\_\_\_ Date: / /

Approved By: \_\_\_\_\_ Date: / /



## Contractor/Vendor Golf Cart Registration Procedures

The following items must be completed /submitted/approved by Public safety no later than September 30, prior to the use and/or operation of a golf cart on Fisher Island.

1. Golf Cart Registration form completed/endorsed. (find attached)
2. Certificate of automobile liability Insurance (COI) of no less than 100,000/300,000/100,000 if provided as a split limit, or no less than \$1,000,000.00 if provided as a combined single limit to include (Serial number, make, model, and color), unless already provided under automobile liability with the initial contractor registration package.
3. Copies of driver licenses for those operating the Golf Cart, unless already provided with the initial contractor registration package
4. Provide and annual Payment fee of \$600.00 (Check is to be made payable to Fisher Island Community Association, Inc.)
5. Overnight parking approval letter, submitted and approved by your host/association manager with beginning and expiration dates.
6. Company Logo and/or name must be placed on front cowl of Golf Cart
7. Golf Cart inspection must be completed and approved by Kenny Brown, EZ-GO Repair Shop technician, located by barge area.

Should you have any questions; please do not hesitate to contact our office.

Regards,

Nataly Garcia

NOTE: Failure to comply with any of the above requirements, may result in towing of the golf cart 5 days after formal notification.

I have read and fully understand the registration procedures mentioned above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Guide Lines for the safe Operation of the Golf Carts**

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The following are basic rules of operating golf carts for work or transportation

- Golf cart must be maintained in its original condition. Reasonable wear and tear accepted.
- Golf carts will be parked in assigned area.
- Golf carts should be operated on roadways and paved areas.
- On Fisher Island, the pedestrian always has the right-of-way. Operators of golf carts will permit this right-of-way.
- No golf cart is to be operated with more passengers than seating is provided.
- All occupants in the golf cart shall keep hands, arms, legs and feet within the confines of the golf cart at all times when the cart is in motion.
- Check for Pedestrian and obstructions before backing up.
- Never shift gears while the vehicle is in motion.
- A golf cart should be operated on the island at a speed equivalent to a well-paced walk and no faster than nineteen mph.
- Golf cart operators shall possess a valid driver's license and observe all Florida vehicle traffic laws such as lane travel, stop signs, legal passing of other vehicles, etc.
- Avoid operating a golf cart on landscaped lawns.
- Reduce speed to compensate for inclines, pedestrians, and weather conditions.
- Maintain adequate distance between vehicles and pedestrian.
- Approach sharp or blind corners with caution and reduce speed.
- Use extreme care at building entrances and upon entering/exiting enclosed areas.
- Do not move the golf cart until all passengers are seated.
- Never leave the keys in the golf cart when unattended.
- When golf cart is not in use the operator must place the golf cart control level in the park or neutral position, remove and secure the key and set the parking pedal brake post on the cart to prevent the wheel from turning.
- When the Golf Cart is stored, added security measures are recommended, such as: Lock & chain of F.O.B system.

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**A signed acknowledgement of FICA Guide Lines for the Safe Operation of the Golf Carts.**

**Signature:** \_\_\_\_\_

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





# 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).**

<b>PRODUCER</b> Insurance Agent/Broker Name Insurance Agent/Broker Street Address or P.O. Box Insurance Agent/Broker City, State & Zip Code Contact City & Phone Number	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <hr/> <div style="text-align: right; font-weight: bold; font-size: small;">INSURER(S) AFFORDING COVERAGE</div> <hr/> INSURER A : Name of Insurance Company INSURER B : Name of Insurance Company (if applicable) INSURER C : Name of Insurance Company (if applicable) INSURER D : INSURER E : INSURER F :
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**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	Y		Policy Number			EACH OCCURRENCE      \$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 100,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)      \$ N/A		
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY      \$ 1,000,000 GENERAL AGGREGATE      \$ 2,000,000 PRODUCTS - COMP/OP AGG      \$ 1,000,000 \$		
B	AUTOMOBILE LIABILITY	Y		Policy Number			COMBINED SINGLE LIMIT (Ea accident)      \$ 1,000,000		
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)      \$		
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)      \$		
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)      \$		
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			Policy Number			EACH OCCURRENCE      \$ 1,000,000		
	DED      RETENTION \$						AGGREGATE      \$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		Policy Number			<table style="width: 100%; border: none; font-size: 8px;"> <tr> <td style="width: 70%; border: none;">WC STATU-TORY LIMITS</td> <td style="width: 30%; border: none;">OTH-ER</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER
	WC STATU-TORY LIMITS						OTH-ER		
	E.L. EACH ACCIDENT      \$ 1,000,000								
	E.L. DISEASE - EA EMPLOYEE      \$ 1,000,000								
E.L. DISEASE - POLICY LIMIT      \$ 1,000,000									

SAMPLE

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

Certificate holder and (BUILDING ASSOCIATION, SEE ATTACHED LIST) are listed as additional insured with regards to both general and automobile liability.

**Golf cart description and serial number**

<b>CERTIFICATE HOLDER</b> Fisher Island Community Association, Inc. One Fisher Island Drive Fisher Island, FL 33109	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <hr/> AUTHORIZED REPRESENTATIVE  AUTHORIZED AGENT SIGNATURE/ENDORSEMENT
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