



**OCEAN REEF PUBLIC SAFETY
WELCOME CENTER
BUSINESS REQUIREMENTS FOR
VENDOR AND DELIVERY COMPANIES**

The Package includes:

- Insurance Requirement for Vendors and Delivery Companies
- Procedure to obtain an ORCA ID card
- Procedure to obtain a Temporary Delivery Pass
- Prices
- Contact Information
- Code of Conduct while on Ocean Reef property
- Company Contact Information
- Sample Certificate of Insurance “COI”

TO: Vendors & Delivery Companies

From: Welcome Center@ Ocean Reef Community

RE: Vendor ID Cards

All vendors and delivery companies are required to provide the following insurance to the Welcome Center in order to gain access to Ocean Reef.

I. General Liability Minimum Coverage:

- **\$1,000,000 per occurrence**
- **\$2,000,000 aggregate (including products-completed operations)**

Additional Insured Requirement: Vendors must name the following as Additional Insured on their Commercial General Liability policy:

Ocean Reef Community Association

Attn: Welcome Center

24 Dockside Lane, Box 505

Key Largo, Florida 33037

Primary & Non-Contributory Requirement: Coverage provided by the vendor shall be primary and non-contributory with respect to the Additional Insured.

Waivers to the insurance requirements may be granted on a case-by-case basis. A written request must be submitted to Ocean Reef Community Association for consideration.

2. Additional requirements for fuel trucks: All **must** have spill containment equipment available on the delivery truck.
3. There are no business fees for any company that is designated as a vendor or a delivery company.
4. Any company that works as a DBA is to ensure that the register company's name appears on the Certificate Holder.

Once the insurance is submitted to the Welcome Center, the following procedure will be followed: All

vendors and delivery drivers will be required to obtain an ORCA ID card to access the property regardless of whom the delivery is for:

- Any individual who is entering the property and is representing a Vendor or Delivery Company will be required to have a background check. The background check will consist of a nationwide criminal and federal check and a check of the driver's license.
- The cost of obtaining an ORCA ID card for Vendors and Delivery Drivers will be \$55.00 for a new card and \$45.00 annually to renew the card.
- All drivers that currently have a Vendor ID card will continue to use their card to gain access to the property until the expiration date of the card. At that time the driver will be required to complete the background check and pay the cost of \$45.00 for the renewal.
- A partial background check will still be conducted on a delivery day pass to include criminal background check for the past 7 years and a check of the Florida Sexual Registry will also be completed.
- Ocean Reef Community Association will provide a temporary delivery day pass pending the results of the background check to all vendors and drivers for \$15.00. The temporary day pass will be valid for the date specified on the pass.
- Any vendor or delivery company who chooses not to comply with the above-mentioned requirements will have their ORCA ID cards suspended and the driver must request a delivery day pass at the cost of \$15.00 per day per visit.

Prices:

- New Vendor Employee ID Card \$55.00
- Out of State Driver's License Check \$35.00

(This charge will be added to the cost of a new or renewal ID card for anyone applying with an out of state driver's license.)

- ID Card Renewal \$45.00
- Lost Card \$30.00
- Daily Delivery Pass* \$15.00

(This cost is per day, per person) *

Contact information

Mailing Address:

Ocean Reef Community Association

Attn: Welcome Center

24 Dockside Ln Box 505

Key Largo, FL 33037

Email:

Welcomecenter@orcareef.com

Phone Number:

305-367-4418

OCEAN REEF COMMUNITY ASSOCIATION "ORCA"

Code of Conduct while on Ocean Reef Property

1. Sleeveless Shirts are not authorized when entering Ocean Reef Community Association.
2. The following hours are the only hours authorized for delivery:

In-Season: November 1 - May 14
Monday - Friday 5:00am - 6:00pm

No deliveries will be authorized for Saturdays unless the delivery is for Ocean Reef Club or one of the stores located in the Fishing Village or Plaza Building.

Homeowners must receive authorization by ORCA to receive deliveries on Saturdays.

Special time zones have been set up for the delivery of the newspaper and medical pickup at the Medical Center.

Off -Season : May 15 - October 31
Monday - Saturday 5:00am - 6:00pm

No deliveries are authorized for Sunday's unless the delivery is for Ocean Reef Club or one of the stores located in the Fishing Village or Plaza Building.

3. Everyone entering the property must have an ORCA ID card or a Vendor/Delivery Temporary Day Pass obtained at the Welcome Center.
4. Per ORCA, no loud radios are authorized while on property.
5. Per ORCA, no vehicle(s) may park in the street for deliveries.
6. The speed limit on Ocean Reef property is 25mph, except in designated areas which the speed limit is 15 mph. Any vehicle caught over the authorized speed limit will receive a ticket.
7. **Per ORCA, no company or individual may Solicit business on Ocean Reef property.**
8. All Vendors and Delivery Companies will be responsible to ensure that the following documents are updated and current at the Welcome Center:
 - Insurance (Liability and Auto Insurance).
 - Current employee roster and company contact list.

ANY VIOLATIONS OF THESE RULES MAY RESULT IN A TEMPORARY SUSPENSION FOR THE DAY. CONTINUOUS VIOLATIONS MAY RESULT IN PERMANENT SUSPENSION OF THE COMPANY.

OCEAN REEF PUBLIC SAFETY

COMPANY CONTACT INFORMATION

COMPANY NAME: _____

*COMPANY ADDRESS: _____ CITY:

_____ STATE: _____ .ZIP: _____

*MAILING ADDRESS: _____ CITY: _____

_____ STATE: _____ ZIP: _____ OFFICE PHONE: (

-) - _____

COMPANY E-MAIL ADDRESS: _____

OWNER'S NAME: _____

Owner's Phone Number: _____

EMERGENCY CONTACT INFORMATION

FULL NAME: _____ LAST
FIRST M.I.

ADDRESS: _____
STREET ADDRESS (APT. # or SUITE)

CITY STATE ZIP CODE

Primary Phone: _____ Alternate Phone : _____

Sample COI for General Liability



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/21/2025

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 Producer NAME	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED SAMPLE COMPANY LLC	

COVERAGES **CERTIFICATE NUMBER:** CL2542150937 **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																
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy #	Term Dates	Term Dates	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$																
	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	N/A	Policy #	Term Dates	Term Dates	<table style="width: 100%; border: none;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%; text-align: center;">PER STATUTE</td> <td style="width: 10%; text-align: center;">OTHER</td> <td style="width: 75%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$ 500,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 100,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$ 500,000</td> </tr> </table>		PER STATUTE	OTHER					E.L. EACH ACCIDENT \$ 500,000				E.L. DISEASE - EA EMPLOYEE \$ 100,000				E.L. DISEASE - POLICY LIMIT \$ 500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is listed as Additional Insured. Both Primary & Non Contributory wording and Waiver of subrogation apply.

CERTIFICATE HOLDER Ocean Reef Community Association 24 Dockside Lane, PO Box 505 Key Largo FL 33037	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
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ACORD 25 (2014/01)
INS025 (201401)

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