# Requirements for Landlord/Tenant Restrictive Covenants

The Landlord/Tenant Restrictive Covenant form is available here:

Landlord/Tenant Encroachment & Restrictive Covenant Agreement

To ensure acceptance and timely processing by the City of Coral Gables and the Miami-Dade Clerk of Courts, all restrictive covenant documents must comply with the following requirements:

- The Landlord/Tenant Restrictive Covenant must be fully executed and either neatly printed or typewritten.
- Illegible documents will not be accepted by the City.
- Only the current Restrictive Covenant form, revised September 2026, will be accepted.
- Failure to comply with the instructions below may result in processing delays by the City or rejection by the Miami-Dade Clerk of Courts.

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## 1. Legal Description

The legal description must be **accurate** and include the correct **lot, block, plat book, and page number.**

You can find this information here: Property Search

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## 2. Preparer Information

The first page must include the preparer's full name and mailing address.

Example:

*Prepared by: John Doe*
*123 Main Street*
*Coral Gables, FL 33134*
*johndoe@email.com*

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## 3. Property Owner and Tenant Signatures

- All property owners listed on the Miami-Dade Property Appraiser's website must sign the Restrictive Covenant.
- All tenants must sign the Restrictive Covenant.
- If the property is owned by a corporation, LLC, or trust, or if the tenant is a similar entity, an authorized officer or trustee must sign on behalf of the entity.
- If an entity is formed outside the State of Florida, supporting documentation identifying its authorized officers must be provided.

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## 4. Notarization

Ensure that all notary blocks are fully completed.

- The notary's signature and date must be included.
- The names of the owners and tenants must be clearly written and legible.
- Check either □ physical presence or □ online notarization.
- The notary stamp or seal must be included and legible.

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## 5. Proof of Insurance Requirements

Proof of insurance must be provided.

- The tenant must obtain a Certificate of Insurance (COI).
- The City of Coral Gables must be listed as an Additional Insured.
- If you have any questions regarding the Certificate of Insurance, please contact Marjorie Tapia at mtapia@coralgables.com.
- See sample on page 5.

**For the certificate holder, use the following address:**

City of Coral Gables
Attention: Risk Management Division
254 Minorca Ave, Suite 214
Coral Gables, FL 33134

| **DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)** |
|---|
| Certificate Holder is shown as an additional insured solely with respect to general liability coverage as evidenced herein as required by written contract or agreement. |

| **CERTIFICATE HOLDER** | **CANCELLATION** |
|---|---|
| City of Coral Gables<br>Attention: Risk Management Division<br>254 Minorca Ave, Suite 214<br>Coral Gables, FL 33134 | SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |

$1,000,000 limits per occurrence, $2,000,000 in the aggregate

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## 6. Encroachment Details

Clearly indicate the type of encroachment by checking the appropriate box.

Examples include:

- Special driveway approach
- Sign(s)
- Canvas canopy or awning
- Landscaping
- Irrigation system
- Tables, chairs, umbrellas, and heaters
- Electrical
- Other

A detailed description of the encroachment must also be provided.

Example:

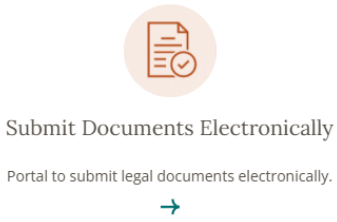
"Outdoor dining setup consisting of 4 tables, 16 chairs, and 2 umbrellas used daily from 8:00 am to 10:00 pm."

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## 7. Submission Process

Submit the completed Landlord/Tenant Restrictive Covenant **and** Certificate of Insurance through JustFOIA at:

[Legal Forms and Resources | Coral Gables]




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## 8. After Submission

- You will receive an LFS reference number. Keep this number for future reference.
- Your submission will be reviewed and routed to the City Attorney's Office for signature.
- The Certificate of Insurance will be reviewed by the Risk Manager for approval.
- Once the document is signed by the City Attorney's Office and approved by the Risk Manager, you will receive an invoice through JustFOIA.

Rishan Duhaney handles the processing of restrictive covenants.

Should you have any questions, please contact Rishan Duhaney at **305-460-5338** or **rduhaney@coralgables.com**.

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## Fees for Processing and Recording

**$13.00** for the first page, $**8.50** for each additional page.

- $13.00 for the first page
- $8.50 for each additional page

Landlord/Tenant Encroachment & Restrictive Covenant Agreement (6 pages): $55.50

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## Final Steps

- Once payment is received, the document will be electronically filed with the Miami-Dade Clerk of Courts.
- The filing process may take up to six business days.
- Once recorded, a copy of the recorded document will be forwarded to you and Development Services, completing the process with our department.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Certificate Issue Date

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 have ADDITIONAL INSURED provisions or 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**

Insurance Company Information
Address

CONTACT NAME: Agent Name
PHONE (A/C, No, Ext): xxx-xxx-xxxx
FAX (A/C, No):
E-MAIL ADDRESS: AgentName@company.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Company A | ##### |
| INSURER B : Company B | ##### |
| INSURER C : Company C | ##### |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**

EX. Corporation/ Tenants Name
Current address
Street line
Coral Gables FL XXXXX

**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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | ☐ CLAIMS-MADE ☒ OCCUR | X | X | 123456789 | Start Date | Valid Date | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | ☐ OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | Not Applicable | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR | | | Not Applicable | | | EACH OCCURRENCE | $ |
| | ☐ EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | ☐ DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | N / A | | Not Applicable | | | ☐ PER STATUTE ☐ OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

Property Address for Covenant/Applicants Name

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

RE: Corporation/ Tenants Name Street line Coral Gables FL XXXXX

City of Coral Gables is included as an additional insured with respect to General Liability on a primary and non-contributor basis. General Liability policy includes a waiver of subrogation in favor of the additional insureds where permissible by state law and when required by written contract. 30-day Notice of Cancellation will be issued for the General Liability. Cancellation (10 Days for Non Payment of Premium) is granted to the Certificate Holder per the terms and conditions of the policies.

**CERTIFICATE HOLDER**

City of Coral Gables
Attention: Risk Management Division
254 Minorca Ave, Suite 214
Coral Gables, FL 33134

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, N
ACCORDANCE WITH THE POLICY P

AUTHORIZED REPRESENTATIVE

Signature the Agent authorized to sign on behalf of the Insurance Company.

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Must match Certificate policy#

POLICY NUMBER: 123456789

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s) | Location(s) Of Covered Operations |
|---|---|
| **City of Coral Gables**<br>**Attention: Risk Management Division**<br>**254 Minorca Ave, Suite 214**<br>**Coral Gables, FL 33134** | |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A.** **Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.


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Must match Certificate policy#

POLICY NUMBER: 123456789

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

| **Name Of Person Or Organization:** |
| --- |
| **City of Coral Gables Address** |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.


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