

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/30/2025

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 have ADDITIONAL INSURED provisions or be endorsed

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to		terms		licy, ce	rtain policies		•	ement o	on	
PRODUCER						CT Patricia Je	enkins				
Risk Management Associates, Inc.					PHONE (A/C, No	(386) 25	52-6176	FAX (A/C, No):	(386) 2	239-4049	
P. O. Box 2416						triah lank	ins@bbrown.c		, ,		
						ADDRESS: INST. JEHKINS @ DDFOWN.COM INSURER(S) AFFORDING COVERAGE NAIC #					
Daytona Beach FL 32115						INSURER A: National Union Fire Insurance Company of Pittsburgh, Pa. 19445					
INSURED						N.A.			3,		
Pinellas Suncoast Fire & Rescue District						INSURER B : INSURER C :					
304 First Street					INSURER D:						
	33										
Indian Rocks Beach			FL 33785-2508			INSURER E : INSURER F :					
COVERAGES CER			TIFICATE NUMBER: CL259302929								
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	NSR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	ſS		
	COMMERCIAL GENERAL LIABILITY	III	100 1110			(10/01/2026	EACH OCCURRENCE	s 1,00	0,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	-	
								MED EXP (Any one person)	\$ 5,00	0	
Α				VFNU-TR-0021778-05		10/01/2025		PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
А	X ANY AUTO			VFNU-CM-0021777-05		10/01/2025	10/01/2026	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	All risk street							,	\$		
	UMBRELLA LIAB X OCCUR			VFNU-TR-0021778-05		10/01/2025	10/01/2026	EACH OCCURRENCE	\$ 1,000,000		
Α	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 2,000,000		
	DED RETENTION \$							Products-Completed Ag	\$ 2,00	0,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	Management Liability							Each Occurrence A	1,00	0,000	
Α	Wanagomon Liability			VFNU-TR-0021778-05		10/01/2025	10/01/2026	Each Occurrence B	100,	000	
								Aggregate	2,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate of Insurance issued with respect to the EMS contract.											
CERTIFICATE HOLDER CANCELLATION											
Pinellas County, A Political Subdivision of the State of Florida 400 S Fort Harrison Ave						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			AUTHO	AUTHORIZED REPRESENTATIVE							
Clearwater FL 33756					Robin Russell						