$ACORD_{\scriptscriptstyle{\mathbb{M}}}$ 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/11/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Tracy Schultz			
Saginaw Bay Underwriters	PHONE (A/C, No, Ext): 989 752-8600 FAX (A/C, No):			
1258 S. Washington	E-MAIL ADDRESS: tschultz@sbuins.com			
P.O. Box 1928	INSURER(S) AFFORDING COVERAG	GE NAIC#		
Saginaw, MI 48605	INSURER A : Amerisure			
INSURED	INSURER B : Cincinnati Insurance Co.			
E & L Construction Group, Inc.	INSURER C : Accident Fund Insurance Co. of America			
Erickson & Lindstrom Construction Co.	INSURER D : SiriusPoint Specialty Insurance Corp			
3040 Airpark Drive South	INSURER E : Chubb/Pacific Insurance Group			
Flint, MI 48507	INSURER F:			

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	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY	IIIOK III	CPP20892580891		09/08/2024		\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		CA20892551005	09/08/2023	09/08/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		CU20892590902	09/08/2023	09/08/2024	EACH OCCURRENCE	\$14,000,000
&	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$14,000,000
В	DED RETENTION \$0		EXS0589490	09/08/2023	09/08/2024		\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N		AFWCP100097707	09/08/2023	09/08/2024	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DESCRIPTION OF OPERATIONS below						\$1,000,000
D	Professional &		CPPLS00025550	09/29/2023	09/29/2024	\$2,000,000 Ea Incident	
	Pollution Liab					\$2,000,000 Aggrega	te

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

Insurer E: Policy Number 06714360 - Policy Term: 09/08/2023 - 09/08/2024 Leased/Rented Equipment Coverage: \$100,000 Limit - \$1,000 Deductible

Installation Floater Coverage: \$100,000 Limit - \$2,500 Deductible

Project: 24193-Pincou-High Point Park Project No: 24-0722-ITB-C

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
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Pinellas County, a Political Subdivision of The State of Florida 400 S. Fort Harrison Avenue Clearwater, FL 33756 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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DESCR	IPTIONS (Continued from Page 1)	
Pinellas County, a Political Subdivision of The including all Authorities, Boards, Bureaus, Co and Constitutional offices of County and indivitheir official capacities, and/or while acting on Insured with respects to the General Liability, primary and non contributory basis. Waiver of insured applies to the Workers Compensation for non payment of premium) applies. (6/24)	mmissions, Divisions, Departments dual members, employees thereof in behalf of Pinellas County are Additional Auto Liability and Umbrella Liability on a Subrogation in favor of the additional	