

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2024

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.

If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to	the te	erms and conditions of the po	licy, ce	rtain policies					
PRODUCER				CONTACT Patricia lanking					
Risk Management Associates, Inc.				NAME: PHONE (386) 252-6176 (A/C, No, Ext): (386) 239-4049					
P. O. Box 2416				[A/C, No, Ext): (A/C, No): (GGG) 253-4649 E-MAIL trish.Jenkins@bbrown.com ADDRESS:					
		INSURER(S) AFFORDING COVERAGE NAIC #							
Daytona Beach FL 32115				INSURER A: National Union Fire Insurance Company of Pittsburgh, Pa. 194					
INSURED				INSURER B:					
Pinellas Suncoast Fire & Rescue District				RC:					
304 First Street			INSURER D:						
Indian Rocks Beach FL 33785-2508			INSURER E : INSURER F :						
COVERAGES CERTIFICATE NUMBER: CL241023778									
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	INSD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	Ψ .	00,000	
CLAIMS-MADE OCCUR				10/01/2024	10/01/2025	PREMISES (Ea occurrence)	E 000		
A -		VFNU-TR-0021778-04				MED EXP (Any one person) PERSONAL & ADV INJURY	1 000 000		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	2 000 000		
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AC	3G \$ 2,00	00,000	
OTHER:						COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY						(Ea accident)	\$ 1,00	00,000	
A OWNED SCHEDULED		VFNU-CM-0021777-04		10/01/2024	10/01/2025	BODILY INJURY (Per perso BODILY INJURY (Per accide			
HIRED NON-OWNED		V11VO-CIVI-0021777-04	10/01/2024	PROPERTY DAMAGE			\$		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 1,000,000			
A EXCESS LIAB CLAIMS-MADE		VFNU-TR-0021778-04		10/01/2024	10/01/2025	AGGREGATE	\$ 2,000,000		
DED RETENTION \$						Products-Completed A	9	00,000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						PER OT STATUTE EF	TH- ?		
						E.L. EACH ACCIDENT	\$		
						E.L. DISEASE - EA EMPLO	i i		
DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIN Each Occurence A		000,000	
Management Liability A		VFNU-TR-0021778-04		10/01/2024	10/01/2025	Each Occurence B	\$50,		
						Aggregate	\$2,0	000,000	
DESCRIPTION OF OPERATIONS / 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. AUTHORIZED REPRESENTATIVE					
Clearwater	Clearwater FL 33756 Robin Russell								