

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/29/2025

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.

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					CONTACT NAME: Jenna Jennings						
World Risk Management					PHONE (A/C, No, Ext): 4074452414 (A/C, No): 407-445-2868						
20 N. Orange Ave.,					LAZC, No, Ext): 407-443-2000 E-MAIL ADDRESS: jenna.jennings@wrmllc.com						
Suite 500 Orlando FL 32801											
Official L OLOUT					INSURER(S) AFFORDING COVERAGE				NAIC#		
INSURED STPETEB-01					INSURER A: Public Risk Management of FL					11111	
City of St. Pete Beach					INSURER B:						
155 Corey Avenue					INSURER C:						
St. Pete Beach FL 33706				INSURER D:							
					INSURER E :						
					INSURER F:						
			TIFICATE NUMBER: 2066544424			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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY			PRM025-012A-048		10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 2,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000	,000	
								MED EXP (Any one person)	\$ EXCL	UDED	
								PERSONAL & ADV INJURY	\$2,000	,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY			PRM025-012A-048		10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$2,000	,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	X APD ACTOS CINET							APD DEDUCTIBLE	\$1,000	ı	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$								\$		
Α	WORKERS COMPENSATION			PRM025-012A-048		10/1/2025	10/1/2026	PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							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	\$		
									·		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
With respects to the listed coverage held by the named insured, as evidence of insurance.											
CERTIFICATE HOLDER						CANCELLATION					
Pinallas County A Political Subdivision of the State of						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Pinellas County, A Political Subdivision of the State of Florida											
400 S Fort Harrison Ave Clearwater FL 33756					AUTHORIZED REPRESENTATIVE						
					110						