

CERTIFICATE OF COVERAGE

| | |
|---|--|
| Certificate Holder <p style="text-align: center;">PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS 631 CHESTNUT STREET CLEARWATER FLORIDA 33756</p> | Administrator Issue Date: 9/22/2021 <p style="text-align: center;">Florida League of Cities, Inc. Department of Insurance and Financial Services P.O. Box 530065 Orlando, Florida 32853-0065</p> |
|---|--|

COVERAGES
THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS BEEN ISSUED TO THE DESIGNATED MEMBER FOR THE COVERAGE 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 COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT.

COVERAGE PROVIDED BY: FLORIDA MUNICIPAL INSURANCE TRUST

| | | |
|------------------------------------|--------------------------------------|---|
| AGREEMENT NUMBER: FMIT 0591 | COVERAGE PERIOD: FROM 10/1/21 | COVERAGE PERIOD: TO 10/1/22 12:01 AM STANDARD TIME |
|------------------------------------|--------------------------------------|---|

TYPE OF COVERAGE - LIABILITY

General Liability

- Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury
- Errors and Omissions Liability
- Supplemental Employment Practice
- Employee Benefits Program Administration Liability
- Medical Attendants'/Medical Directors' Malpractice Liability
- Broad Form Property Damage
- Law Enforcement Liability
- Underground, Explosion & Collapse Hazard

Limits of Liability
* Combined Single Limit

Deductible Stoploss \$25,000

Automobile Liability

- All owned Autos (Private Passenger)
- All owned Autos (Other than Private Passenger)
- Hired Autos
- Non-Owned Autos

Limits of Liability
* Combined Single Limit

Deductible Stoploss \$25,000

TYPE OF COVERAGE - PROPERTY

| | |
|---|--|
| <p><input checked="" type="checkbox"/> Buildings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic Form <input checked="" type="checkbox"/> Special Form <p><input checked="" type="checkbox"/> Personal Property</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic Form <input checked="" type="checkbox"/> Special Form <p><input checked="" type="checkbox"/> Agreed Amount</p> <p><input checked="" type="checkbox"/> Deductible</p> <p><input checked="" type="checkbox"/> Coinsurance 90%</p> <p><input checked="" type="checkbox"/> Blanket</p> <p><input type="checkbox"/> Specific</p> <p><input checked="" type="checkbox"/> Replacement Cost</p> <p><input type="checkbox"/> Actual Cash Value</p> | <p><input checked="" type="checkbox"/> Miscellaneous</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inland Marine <input checked="" type="checkbox"/> Electronic Data Processing <input type="checkbox"/> Bond |
|---|--|

Limits of Liability on File with Administrator

TYPE OF COVERAGE - WORKERS' COMPENSATION

- Statutory Workers' Compensation
- Employers Liability
 - \$1,000,000 Each Accident
 - \$1,000,000 By Disease
 - \$1,000,000 Aggregate By Disease
- Deductible N/A
-

Automobile/Equipment - Deductible

Physical Damage N/A - Comprehensive - Auto N/A - Collision - Auto N/A - Miscellaneous Equipment

Other
The limit of liability is \$200,000 Bodily Injury and/or Property Damage per person or \$300,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to \$1,000,000 (combined single limit) per occurrence, solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability/settlement for which no claims bill has been filed or liability imposed pursuant to Federal Law or actions outside the State of Florida

Description of Operations/Locations/Vehicles/Special Items


Re: Emergency Medical Services

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE AGREEMENT ABOVE.

DESIGNATED MEMBER

CITY OF TARPON SPRINGS
PO BOX 5004
TARPON SPRINGS FL 34688

CANCELLATIONS
SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE