

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. 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 liqu of such and resement(s).

this certificate does not confe	er rights to the certificate holder in lieu of s	ucn endorsement(s).		
PRODUCER		CONTACT NAME: Shanna Sibley		
McGriff, a Marsh & McLennan Agency 2000 International Park Drive	LLC Company	PHONE (A/C, No, Ext): 1-800-476-2211	FAX (A/C, No):	
Suite 600 Birmingham, AL 35243		E-MAIL ADDRESS: ssibley@mcgriff.com		
		INSURER(S) AFFORDING COVERAGE	NAIC#	
		INSURER A :Certain Underwriters at Lloyd's London		
INSURED Florida Drawbridges, Inc. Drawbridge Services, Inc.		INSURER B :Manufacturers Alliance Insurance Company	36897	
		INSURER C :American Longshoremans Mutual Assn Ltd		
1901 E. Atlantic Blvd. Pompano Beach. FL 33060		INSURER D :United States Fire Insurance Company	21113	
		INSURER E:		
		INSURER F:		
00/504050	OFFICIATE NUMBER - HIELDIARD	DEVICION NU	MDED:	

COVERAGES CERTIFICATE NUMBER: JUEVXABS 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.

	ACLUSIONS AND CONDITIONS OF SUCH F							
INSR LTR		ADDL INSD	WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY		B0507EI2500430	10/01/2025	10/01/2026	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
1						PERSONAL & ADV INJURY	\$	1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	1,000,000
1	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:						\$	
D	AUTOMOBILE LIABILITY		133-769720-7	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$	
1	OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
1	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	UMBRELLA LIAB X OCCUR		B0507EI2400431	10/01/2025	10/01/2026	EACH OCCURRENCE	\$	4,000,000
1	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	4,000,000
	DED RETENTION\$						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		2502524Y	10/01/2025	10/01/2026	X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	USL&H		ALMA0060806	10/01/2025	10/01/2026	EL Each Accident EL Disease (each Emp) EL Disease (Policy Limit)	\$ \$ \$ \$ \$	1,000,000 1,000,000 1,000,000

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

Re: Drawbridge Preventive Maintenance & Emergency Response

Pinellas County Board of County Commissioners, all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County are named as Additional Insured under General Liability and Automobile Liability as required by written contract subject to policy terms, conditions, and exclusions. Waiver of Subrogation applies in favor of Pinellas County Board of County Commissioners, all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County regarding General Liability and Workers Compensation as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER	CANCELLATION
Pinellas County Board of County Commissioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
400 S. Ft. Harrison Ave Annex Building - 6th Floor Clearwater, FL 33756	AUTHORIZED REPRESENTATIVE Agriculture

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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PRODUCER McGriff, a Marsh & McLennan Agency LLC Company		
POLICY NUMBER		
NAIC CODE		
	ISSUE DATE: 09/30/2025	
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: FORM TITLE:
Protection & Indemnity
Effective: 10/01/2025 - 10/01/2026 Policy No. B5JH23876 Company: Atlantic Specialty Insurance Company
RE: 1 Oquawka-Tools 2003 22' Workboat w/ (2) 90hp Engines Huill ID# OQBZ32C9C303 2 2020 Scully's Alum. Hull ID#GOK02041A020 3 1999 17' Jon Boat Hull ID#JBC33277A999 4 1986 16' Rhyan Craft w/ 30hp Engine ID# RHY39830K586 5 2000 EHK Hull ID# EKHR1464K900
P & I Limit: \$1,000,000 Combined Single Limit
Deductible: \$ 1,000 Bodily Injury \$ 2,500 All Other