

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2024

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

| Marsh & McClennan (CLW) 101 N Starcrest DR 102 Nature Ft. 33765 Ask and 727-449-1267 As | If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of | | ment on | | | | | | |
|--|---|---|---------------------------------|--|--|--|--|--|--|
| Marsh McLientian (CLW) Clearwater FL 33763 Clearwater FL 33763 Sures Sures East Lake Tarpon Special Fire Control District 3375 Tarpon Lake Blud Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 135069550 Insurers : Fields Insurant Allaino Palm Harbor FL 34865 CERTIFICATE NUMBER: 1350695050 Insurers : Fields Insurers Number Palm Not Number Palm N | | | | | | | | | |
| 101 N Starcest DR Clearwater FL 33765 Clearwater FL 34665 Clearwater F | Marsh & McClennan (CLW) | | NAME: IMMA - Bouchard Insurance | | | | | | |
| Commenced Comm | 101 N Starcrest DR | (A/C, No, Ext): /2/-44/-0481 (A/C, No): /2/-449-126/ | | | | | | | |
| RESURCE A: National Union Fise Ins Co of Pittsburg 98969 8.85 Lake Tarpon Special Fire Control District 3375 Tarpon Lake Bivd Palm Harbor FI, 34686 8.85 September 5: 8.85 September 6: 8.85 S | Clearwater FL 33765 | Address: CertsTeam@MarshMMA.com | | | | | | | |
| REJURED EAST Lake Tarpon Special Fire Control District 3376 Tarpon Lake Bivid Polim Harbor Ft. 34685 COVERAGE COVERAGE COVERAGE CERTIFICATE NUMBER: 13506858 CERTIFICATE NUMBER: 13506858 THIS IS TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANDVE FOR THE POLICY PERSON INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONSTITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPICAT TO WHICK THIS CERTIFICATE AND DESCRIPTION THE INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANDVE FOR THE POLICY PERSON INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONSTITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPICAT TO WHICK THIS CONTRACT. THIS IS TO GERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ANDVE FOR THE POLICY PERSON INDICATED. NOTWITHSTANDING ANY RESPICATION OF MAY PERSON INDICATED. NOTWITHSTANDING ANY PERSON INDICATED. NOT | | | | | | | | | |
| East Lake Tarpon Special Fire Control District 93975 Tarpon Lake Blvd Palm Herbor FL 34686 Palm Herbor FL 34686 COVERAGES CERTIFICATE NUMBER: 1550669580 REVISION NUMBER: INSURED 1: INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 2: INSURER 3: IN | EASTI AN | 750 | | | | | | | |
| Insured Color Insured Colo | moorado | INSURER B : Florida Insurance Alliance | 99999 | | | | | | |
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| COVERAGES CERTIFICATE NUMBER: 135,086,9858 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ADOVE FOR THE POLICY PERIOD INDUCATED. NOTWITHSTANDING ANY SEQUENCES. IN CONTROL OF THE POLICY PERIOD ISSUED OF MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED TO THE INSURANCE PROJECT OF MAY CONTRACT OR OTHER DOCUMENT WHE RESPECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPORT OF MAY CONTRACT OR OTHER DOCUMENT OF WHICH THE SERVICE OF MAY BE SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPORTED BY THE POLICIES DESCRIBED TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPORTED BY THE POLICIES DESCRIBED TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONTROL OF SUBJECT T | Palm Harbor FL 34685 | INSURER D: | | | | | | | |
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| X EXCESS LIAB CLAIMS-MADE AGGREGATE \$2,000,000 | | | | | | | | | |
| B WORKERS COMPENSATION AND EMPLOYERS LIABILITY AND PROPERTOR PARTIER RESCUIDED? WC1001245002 10/1/2024 10/1/2024 10/1/2025 X PER STATUTE OTH STATUTE ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - FA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is an additional insured with respects to General Liability, Automobile Liability, and Excess Liability, if required by written contract, subject to the terms, conditions and exclusions as specified in the policy. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A Political Subdivision of the State of Florida 400 South Fort Harrison Avenue AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE | A UMBRELLALIAB X OCCUR Y VFNUTR002318504 | 10/1/2024 10/1/2025 EACH OCCURRENCE \$1,000,00 | 00 | | | | | | |
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| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in Nt) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is an additional insured with respects to General Liability, Automobile Liability, and Excess Liability, if required by written contract, subject to the terms, conditions and exclusions as specified in the policy. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A Political Subdivision of the State of Florida 400 South Fort Harrison Avenue AUTHORIZED REPRESENTATIVE | DED X RETENTION\$ 0 | | | | | | | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in Nt) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is an additional insured with respects to General Liability, Automobile Liability, and Excess Liability, if required by written contract, subject to the terms, conditions and exclusions as specified in the policy. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A Political Subdivision of the State of Florida 400 South Fort Harrison Avenue AUTHORIZED REPRESENTATIVE | AND ENDLOYEDE'S IADILITY | 10/1/2024 10/1/2025 X PER STATUTE OTH- | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is an additional insured with respects to General Liability, Automobile Liability, and Excess Liability, if required by written contract, subject to the terms, conditions and exclusions as specified in the policy. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A Political Subdivision of the State of Florida 400 South Fort Harrison Avenue Authorized Representative | ANYPROPRIETOR/PARTNER/EXECUTIVE (1/1) | | 00 | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is an additional insured with respects to General Liability, Automobile Liability, and Excess Liability, if required by written contract, subject to the terms, conditions and exclusions as specified in the policy. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A Political Subdivision of the State of Florida 400 South Fort Harrison Avenue | (Mandatory In NH) | E.L. DISEASE - EA EMPLOYEE \$1,000,00 | 10 | | | | | | |
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| | A Political Subdivision of the State of Florida | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | | |
| | | AUTHORIZED REPRESENTATIVE | | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2024

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights to | | | | | | | equire an endorsement | . A sta | atement on | |
|---------------------------------|--|-----------|---|--|--|---|----------------------------|--|----------|---|--|
| | DUCER | - 1110 | 001 ti | meate notice in new Of St | | | | nea | | | |
| Marsh & McClennan (CLW) | | | CONTACT MMA - Bouchard Insurance FAX FAX (A/C, No, Ext): 727-449-1267 | | | | | | | | |
| | N Starcrest DR | | | | | | | (A/C, No): | 121-44 | 9-120/ | |
| ule | arwater FL 33765 | | | | ADDRES | ss: CertsTea | | | | | |
| | | | | • | | | | DING COVERAGE | | NAIC# | |
| INSU | PED | | | EASTLAKE2 | | | | s Co of Pittsburg | | 19445 | |
| Eas | st Lake Tarpon Special Fire Control | Dist | rict | | | кв: Florida Ir | isurance Allia | ance | | 99999 | |
| | 75 Tarpon Lake Blvd | | | | INSURE | | | ······ | | ···· | |
| Pai | m Harbor FL 34685 | | | | INSURE | | | | | | |
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| CO | /ERAGES CER | TIEI | ` | NUMBER: 1405880068 | INSURE | RF: | | REVISION NUMBER: | | | |
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| IN | DICATED. NOTWITHSTANDING ANY RE | QUIR | EME | NT, TERM OR CONDITION | OF ANY | Y CONTRACT | OR OTHER D | DOCUMENT WITH RESPEC | OT TO | WHICH THIS | |
| | ERTIFICATE MAY BE ISSUED OR MAY I | | | | | | | HEREIN IS SUBJECT TO | ALL T | HE TERMS, | |
| INSR LTR | (CLUSIONS AND CONDITIONS OF SUCH I | | SUBR WVD | | DEEN P | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | | | |
| LTR A | TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY | INSD Y | WVD | POLICY NUMBER VFNUTR002318504 | | | | LIMIT | | | |
| Α. | | ' | | VENU I ROUZS 18004 | | 10/1/2024 | 10/1/2025 | EACH OCCURRENCE DAMAGE TO RENTED | \$1,000 | | |
| | V | | | | | | | PREMISES (Ea occurrence) | \$1,000 | | |
| | 0 | | | | | | | MED EXP (Any one person) | \$ 5,000 | | |
| | OF ALL ADDRESS ATTENDED AND ADDRESS AD | | | | | | | PERSONAL & ADV INJURY | \$1,000 | | |
| | X POLICY PRO- LOC | | | | | | | GENERAL AGGREGATE | \$3,000 | | |
| | | | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000 | ,000 | |
| Α | OTHER: AUTOMOBILE LIABILITY | Υ | | VFNUTR002318504 | | 10/1/2024 | 10/1/2025 | COMBINED SINGLE LIMIT | \$1,000 | 000 | |
| | X ANY AUTO | - | | (1175)((00 <u>m</u> 0(000) | | 10/11/2021 | 10/11/20/20 | (Ea accident) BODILY INJURY (Per person) | \$ | 1000 | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | X HIRED X NON-OWNED | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | *************************************** | |
| Α | UMBRELLA LIAB X OCCUR | Υ | | VFNUTR002318504 | | 10/1/2024 | 10/1/2025 | EACH OCCURRENCE | \$1,000 | 000 | |
| | X EXCESS LIAB CLAIMS-MADE | | | | | 10,11221 | 10,7,2020 | AGGREGATE | \$ 2,000 | | |
| | DED X RETENTION\$ 0 | | | | | | | AGGILGATE | \$ 2,000 | ,000 | |
| В | WORKERS COMPENSATION | | | WC1001245002 | | 10/1/2024 | 10/1/2025 | X PER STATUTE ER | Ψ | • | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | \$ 1,000 | .000 | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000 | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000 | | |
| | BECOM HONO, OF ENVIRONG BEION | | | | | | | The process of the party of the | ψ 1,000 | 1000 | |
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| | | | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | | | | | | | | | | |
| Cer | tificate Holder is an additional insured w terms, conditions and exclusions as spe | ith re | spect | ts to General Liability, Auto ne nolicy | mobile | Liability, and | Excess Liabi | lity, if required by written o | contract | t, subject to | |
| | torrid, containers and excessione as ope | | | io policy, | | | | | | | |
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| | | | | <u>.</u> | | | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANC | CELLATION | | | | | |
| | | | | | | | | | | | |
| | | | | | SHO | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |
| | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| For Informational Duranges Only | | | | | | | | | | | |
| For Informational Purposes Only | | | AUTHORIZED REPRESENTATIVE | | | | | | | | |
| | | | | Jord Marin | | | | | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2024

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.

ADDITIONAL MIGHIDED

| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the part of the SUBROGATION IS WAIVED, subject to the terms and conditions of the this certificate does not confer rights to the certificate holder in lieu of si | he polic | y, certain po | ilicies may r | | | | | |
|---|--|--|----------------------------------|---|--|----------------|--------------|--|
| PRODUCER | CONTAC | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | nce | | | | |
| Marsh & McClennan (CLW) | NAME: MMA - Bouchard Insurance PHONE (A/C, No, Ext): 727-447-6481 FAX (A/C, No): 72 | | | | | 797 440 | 1267 | |
| 101 N Starcrest DR | | | | l | [A/G, No]; / | Z1-440 | 9-14U1 | |
| Clearwater FL 33765 | ADDRESS: Certs I eam@MarsnMMA.com | | | | | | | |
| | | | | DING COVERAGE | _ | | NAIC# | |
| INSURED EASTLAKE2 | .1 | | | s Co of Pittsburg | } | | 19445 | |
| INSURED EASTLAKE2 East Lake Tarpon Special Fire Control District | INSURE | кв: Florida In | isurance Allia | ince | | | 99999 | |
| 3375 Tarpon Lake Blvd | INSURE | RC: | | | | | | |
| Palm Harbor FL 34685 | INSURER D: | | | | | | | |
| | INSURER E : | | | | | | | |
| | INSURE | RF: | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 437041459 | | | | REVISION NUM | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA' INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE | OF ANY DED BY | / CONTRACT THE POLICIES REDUCED BY F | OR OTHER DESCRIBED PAID CLAIMS. | OCUMENT WITH | RESPEC | T TO V | WHICH THIS | |
| INSR TYPE OF INSURANCE ADDL SUBR NSD WYD POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | ` <u> </u> | | |
| A X COMMERCIAL GENERAL LIABILITY Y VFNUTR002318504 | | 10/1/2024 | 10/1/2025 | EACH OCCURRENCE DAMAGE TO RENT | | \$1,000 | ,000 | |
| CLAIMS-MADE X OCCUR | | | | PREMISES (Ea occi | | \$ 1,000 | ,000 | |
| X o | | | | | | \$5,000 | | |
| | | | | PERSONAL & ADV | | \$ 1,000 | - | |
| GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC | | | | GENERAL AGGREG | | \$3,000 | | |
| X POLICY PRO- OTHER: | | | | PRODUCTS - COM | | \$ 3,000 \$ | ,000 | |
| A AUTOMOBILE LIABILITY Y VFNUTR002318504 X ANY AUTO | | 10/1/2024 | 10/1/2025 | COMBINED SINGLE (Ea accident) BODILY INJURY (Pa | | \$ 1,000 \$ | ,000 | |
| OWNED SCHEDULED | | | | BODILY INJURY (Po | | <u> </u> | | |
| AUTOS ONLY AUTOS X HIRED X NON-OWNED AUTOS ONLY AUTOS ONLY | | | | PROPERTY DAMAC (Per accident) | | \$ | | |
| AUTOS ONLY AUTOS ONLY | | ļ | | (Per accident) | | \$ | | |
| A UMBRELLALIAB X OCCUB Y VFNUTR002318504 | | 10/1/2024 | 10/1/2025 | = 1 all a aguna=14 | | • | 000 | |
| OCCOR I I I I I I I I I I I I I I I I I I I | | 10/1/2024 | 10/1/2020 | EACH OCCURRENCE | | \$ 1,000 | • | |
| J J J J J J J J J J J J J J J J J J J | | | | AGGREGATE | | \$ 2,000 | ,000 | |
| DED X RETENTION \$ 0 | | 10/1/2024 | 10/1/2025 | X PER STATUTE | OTH- | \$ | | |
| AND EMPLOYERS' LIABILITY Y/N | | 10/1/2024 | 10/1/2023 | | ER | | | |
| ANYPROPRIETOR/PARTNER/EXECUTIVE N N / A OFFICER/MEMBEREXCLUDED? | | | | E.L. EACH ACCIDE | | \$1,000 | • | |
| (Mandatory in NH) | | | | E.L. DISEASE - EA I | | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | E.L. DISEASE - POL | LICY LIMIT | \$1,000 | ,000 | |
| | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu Certificate Holder is an additional insured with respects to General Liability, Auto- | uie, may bi tomobile | e attached it more Liability, and | space is require Excess Liabi | ity, if required by | y written c | ontract | , subject to | |
| the terms, conditions and exclusions as specified in the policy. | | • | | | | | • | |
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| CERTIFICATE HOLDER | CANC | CELLATION | | | ······································ | | | |
| OFFILIAMENTAL HOPPIN | JANG | <u> </u> | | | | | | |
| Pinellas County EMS and Fire Administration | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| 12490 Ulmerton Road Suite 134 Largo FL 33774-0000 | | AUTHORIZED REPRESENTATIVE | | | | | | |
| Laigo i L 55//4-0000 | Joc | Joth Leona - | | | | | | |

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