

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/25/2025

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.

| | SUBROGATION IS WAIVED, subject is certificate does not confer rights t | | | | | | | require an end | lorsement | . A st | atement on | |
|---|---|----------------------|-----------|---|--|---|------------------|---|-------------|-----------------------------|--------------|--|
| | DUCER | | | | CONTA NAME: | ст Jenna Jen | ninas | | | | | |
| World Risk Management | | | | | PHONE (A/C, No, Ext): 4074452414 (A/C, No): 407-445-2868 | | | | | | | |
| 20 N. Orange Ave., Suite 500 | | | | | E-MAIL ADDRESS: jenna.jennings@wrmllc.com | | | | | | | |
| Orlando FL 32801 | | | | | INSURER(S) AFFORDING COVERAGE | | | | | | NAIC# | |
| | | | | | INSURER A: Public Risk Management of FL | | | | | | 11111 | |
| INSURED SAFEHAR-01 | | | | | <u> </u> | | | | | | 11111 | |
| City of Safety Harbor | | | | | INSURER B: | | | | | | | |
| 750 Main Street Safety Harbor FL 34695-3553 | | | | | | | | | | | | |
| Salety Harbor FL 34095-3553 | | | | INSURER D: | | | | | | | | |
| | | | | | INSURER E : | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 734473290 | | | | | INSURER F : | | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE | | | | | | | | | | | | |
| IN | DICATED. NOTWITHSTANDING ANY RE | QUIF | REME | NT, TERM OR CONDITION | OF AN' | Y CONTRACT | OR OTHER I | DOCUMENT WIT | TH RESPE | CT TO | WHICH THIS | |
| | ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH | | | | | | | | JBJECT TO | O ALL 1 | THE TERMS, | |
| INSR | | | ADDL SUBR | | | POLICY EFF | POLICY EXP | | | | | |
| LTR A | X COMMERCIAL GENERAL LIABILITY | INOD WVD | | PRM025-012A-019 | | (MM/DD/YYYY) 10/1/2025 | 10/1/0000 | | | | | |
| | | | | 1 1111020-01271-013 | | 10/1/2023 | 10/1/2020 | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | , | |
| | CLAIMS-MADE 7 OCCUR | CLAIMS-MADE X OCCUR | | | | | | | | \$ 2,000,000 \$ EXCLUDED | | |
| | | | | | | | | MED EXP (Any on | | \$ 2,000 | | |
| | OFAIL ACORECATE LIMIT APPLIES PER | ATT LIMIT ADDUTE DED | | | | | | | | | ,,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGRE | | \$ | | |
| | POLICY JECT LOC | | | | | | | PRODUCTS - COM | MP/OP AGG | \$ | | |
| Α | OTHER: AUTOMOBILE LIABILITY | | | PRM025-012A-019 | | 10/1/2025 | 10/1/2026 | COMBINED SING | _E LIMIT | \$ 2,000 | 000 | |
| | X ANY AUTO | | | 1 1111020-01271-013 | 10/1/2020 | | 10/1/2020 | (Ea accident) \$2, BODILY INJURY (Per person) \$ | | | | |
| | OWNED SCHEDULED | | | | | | | BODILY INJURY (| | \$ | | |
| | X HIRED X NON-OWNED | | | | | | | PROPERTY DAMA | | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | | \$ 1,000 | <u> </u> | |
| | LIMPRELLATION | | | | | | | APD DEDUCTIBLE | | | | |
| | EVOCOO LIAD | | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ | | \$ | | |
| | CLAIIVI3-IVIADE | | | | | | | AGGREGATE | | \$ | | |
| Α | DED RETENTION \$ WORKERS COMPENSATION | | | PRM025-012A-019 | | 10/1/2025 | 10/1/2026 | X PER STATUTE | OTH- ER | Þ | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | 1 | | 10/1/2020 | 10/1/2020 | | | \$ 1,000 | | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE | | * ' ' | | |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | | \$ 1,000,000 | |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | | | | E.L. DISEASE - PC | DEICT LIMIT | \$ 1,000 | ,,000 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DES | L CRIPTION OF OPERATIONS / LOCATIONS / VEHICI | ES (| ACORD | 101, Additional Remarks Schedu | le, may b | attached if more | space is require | ed) | | | | |
| | Certificate of Public Convenience and | | | | sponde | r Ambulance | Service Prov | iders. With resp | ects to the | listed | coverage | |
| HEI | held by the named insured, as evidence of insurance. | | | | | | | | | | | |
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| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | |
| | | | | | | | | | E WILL E | BE DEI | LIVERED IN | |
| Pinellas County, A Political Subdivision of the State of Florida | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| 400 S Fort Harrison Ave | | | | | AUTHORIZED REPRESENTATIVE | | | | | | | |
| Clearwater FL 33756 | | | | | 10 | | | | | | | |