Client#: 2300303 569TLCDI

**ACORD**™

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/30/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
McGriff Insurance Services
12485 28th Street N 3rd Floor
St Petersburg, FL 33716
727 823-5551

CONTACT NAME: Theresa Cerf
PHONE (A/C, No, Ext): 727 823-5551 FAX (A/C, No): 727-894-3339
E-MAIL ADDRESS: Theresa.Cerf@mcgriff.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Zurich American Insurance Company | 16535 |
| INSURER B : AXA XL America | 02423 |
| INSURER C : Travelers Insurance Company | 31194 |
| INSURER D : Allied World National Assurance Company | 10690 |
| INSURER E : Travelers Property Casualty Co of Ameri | 25674 |
| INSURER F : | |

INSURED
TLC Diversified, Inc.
2719 17th St E
Palmetto, FL 34221

COVERAGES CERTIFICATE NUMBER: 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | X | X | GLO353799902 | 03/01/2025 | 03/01/2026 | EACH OCCURRENCE | $1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $300,000 |
| | Contractual Liabilit | | | | | | MED EXP (Any one person) | $10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $2,000,000 |
| | POLICY X PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $2,000,000 |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | X | X | BAP353800002 | 03/01/2025 | 03/01/2026 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| D | UMBRELLA LIAB X OCCUR | X | X | 03141236 | 01/01/2025 | 03/01/2026 | EACH OCCURRENCE | $5,000,000 |
| E | X EXCESS LIAB CLAIMS-MADE | X | X | EX9W908740252NF | 01/01/2025 | 03/01/2026 | AGGREGATE | $5,000,000 |
| | DED X RETENTION $10,000 | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | X | WC353799802 | 03/01/2025 | 03/01/2026 | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: Y (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $1,000,000 |
| C | Profess/Pollution | X | | PEC006077803 | 04/01/2025 | 03/01/2026 | $1,000,000 / $5,000,000 | |
| B | Rented/Leased Equ | | | 7037100866 | 04/01/2025 | 03/01/2026 | $500,000 | |
| E | Cyber Liability | | | 107607453 | 04/01/2025 | 03/01/2026 | $1,000,000 | |

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

TLC Bid #25-025; Project: Pump Station 182 Rehabilitation (PID 005221A); Bid No. 25-0422-ITB-C.
Certificate holder is listed as Additional Insured for General Liability as required by written Contract.
Workers Compensation Waiver of Subrogation applies.

CERTIFICATE HOLDER

Pinellas County, a Political Subdivision of the State of Florida
400 S Fort Harrison Ave
Clearwater, FL 33756

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.

AUTHORIZED REPRESENTATIVE

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