

**CERTIFICATE OF COVERAGE**

**ISSUED ON:**

COVERAGE PROVIDED BY: **PREFERRED GOVERNMENTAL INSURANCE TRUST**

**PACKAGE AGREEMENT NUMBER:**

**COVERAGE PERIOD:**

**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 subject to all the terms, exclusions and conditions of such agreement.

Mail to: Certificate Holder

*Designated Member*

**LIABILITY COVERAGE**

**Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury:**

Limit Deductible

**Employee Benefits Liability**

Limit Deductible

**Employment Practices Liability**

Limit Deductible

Limit Deductible

**Law Enforcement Liability**

Limit Deductible

**WORKERS' COMPENSATION COVERAGE**

**WC AGREEMENT NUMBER:**

**Self Insured Workers' Compensation**

**Statutory Workers' Compensation**

**Employers Liability**

\$ Each Accident

\$ By Disease

\$ Aggregate Disease

**PROPERTY COVERAGE**

**Buildings & Personal Property**

Limit: Per schedule on file with Trust Deductible

*Note: See coverage agreement for wind, flood, and other deductibles.*

**Rented, Borrowed and Leased Equipment**

Limit: \$ TIV See Schedule for Deductible

**Total All other Inland Marine**

Limit: \$ TIV See Schedule for Deductible

**CRIME COVERAGE**

**Employee Dishonesty**

Limit Deductible

**Forgery or Alteration**

Limit Deductible

**Theft Disappearance & Destruction**

Limit Deductible

**Computer Fraud**

Limit Deductible

**AUTOMOBILE COVERAGE**

**Automobile Liability**

Limit Deductible

All Owned

Specifically Described Autos

Hired Autos

Non-Owned Autos

**Automobile Physical Damage**

Comprehensive See Schedule for Deductible

Collision See Schedule for Deductible

Hired Auto with limit of

**Garage Keepers**

Liability Limit

Liability Deductible

Comprehensive Deductible

Collision Deductible

NOTE: Additional Covered Party status is excluded for non-governmental entities. The most we will pay is further limited by the limitations set forth in Section 768.28(5), Florida Statutes (2010) or the equivalent limitations of successor law which are applicable at the time of loss.

Description of Operations/ Locations/ Vehicles/Special items-(This section completed by member's agent, who bears complete responsibility and liability for its accuracy):

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.

Administrator  
Public Risk Underwriters®  
P.O. Box 958455  
Lake Mary, FL 32795-8455

**CANCELLATIONS**  
SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE AGREEMENT PROVISIONS.

Producer



AUTHORIZED REPRESENTATIVE

PGIT-CERT (1/19) PRINT FORM



**Re: Coverage Agreement -**

**Effective Date:**

**To Whom It May Concern:**

**Preferred Governmental Insurance Trust is unable to name non-governmental entities as an additional covered party due to Florida Statute 768.28.**

**Non-governmental entities do not enjoy sovereign immunity protection under Florida law. Coverage through the Preferred Governmental Insurance Trust is predicated upon the concept of sovereign immunity among all its members. Accordingly, entities which are not eligible for sovereign immunity protection under F.S. 768.28 may not be an additional covered party under the Preferred coverage agreement.**

**We appreciate your understanding.**

**Margaret E. Gross, CPCU  
Director of Underwriting**

*\*\*If Additional Covered Party status was not requested on the attached certificate, the provisions in this letter do not apply.\*\**

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Administered by PUBLIC RISK UNDERWRITERS  
P.O. Box 958455 ♦Lake Mary, FL 32795-8455 ♦Phone: 321-832-1450♦Fax: 321-832-1489