

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/15/2025

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 lieu of such endorsement(s).

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	DUCER			CONTACT NAME: Kelly.Windham@wrmllc.com							
World Risk Management 20 N. Orange Ave.,					PHONE (A/C, No, Ext): 407-445-2414 FAX (A/C, No): 407-445					15-2868	
Suite 500						E-MAIL ADDRESS:					
Orlando FL 32801						INSURER(S) AFFORDING COVERAGE					
						INSURER A: Public Risk Management of FL (11111	
INSURED PALMHAR-02 Palm Harbor Special Fire Control & Rescue District					INSURER B:					11111	
250 West Lake Road					INSURER C:						
Palm Harbor FL 34684					INSURER D:						
					INSURER E :						
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 1177028073 REVISION NUMBER:										LIOV DEDICE	
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 POLICY EFF POLICY EXP											
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
Α	X COMMERCIAL GENERAL LIABILITY			PRM025-012B-104		10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 2,000	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000	0,000	
								MED EXP (Any one person)	\$ Exclu	uded	
								PERSONAL & ADV INJURY	\$2,000	0.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	-,	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AC			
								FRODUCTS - COMP/OF AC	\$		
Α	OTHER: AUTOMOBILE LIABILITY			PRM025-012B-104		10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$2,000	0.000	
	X ANY AUTO			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10/1/2020	10/1/2020	(Ea accident) BODILY INJURY (Per perso			
	OWNED SCHEDULED							BODILY INJURY (Per accide	, , ,		
	X HIRED X NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)			
									\$		
Α	UMBRELLA LIAB OCCUR			PRM025-012B-104		10/1/2025	10/1/2026	EACH OCCURRENCE	\$ 3,000	0,000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 3,000	0,000	
	DED RETENTION \$							DED LOT	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER	i-		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLO	ſEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIN	IIT \$		
Α	Auto Physical Damage			PRM025-012B-104		10/1/2025	10/1/2026	Comprehensive Ded Collision Ded	\$1,00 \$1,00		
								Collision Dea	\$1,00	00	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL						space is require	d)			
Wit	h respects to the listed coverage held by Vehicles have a Comprehensive and Co	the	name	ed insured, as evidence of i	nsuran	Ce - I Damage					
ΛII	verlicies have a Comprehensive and Co	111310	II Dec	idelible of \$1,000 for Adio i	i ilysica	Damage					
2019 E-One Pumper LDH 4ENLAAA86K1002210											
2020 Ford F-550 XLT 1FDUF5GT5LDA03790 2022 E-One Cyclone QLDH 4ENLAAA80N1004670											
2023 Pierce Enforcer HDR 4P1BBAGF7PA026058											
	23 Pierce Enforcer 4P1BAAGF5PA02609 23 Pierce Enforcer 4P1BAAGF7PA02609										
					CANC	ELLATION					
CERTIFICATE HOLDER CANCELLATION											
			ѕно	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
					THE	EXPIRATION	DATE THE	REOF, NOTICE WILL			
Pinellas County, A Politcal Subdivision of the State of						ACCORDANCE WITH THE POLICY PROVISIONS.					
Florida					AUTHORITED DEDDECENTATIVE						
400 S. Fort Harrison Avenue Clearwater FL 33756					AUTHORIZED REPRESENTATIVE						