CERTIFICATE OF COVER	AGE		
Certificate Holder		Administrator	Issue Date: 9/29/25
PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA 400 S FORT HARRISON AVENUE CLEARWATER FL 33756		Florida League of Cities, Inc. Department of Insurance and Financial Services P.O. Box 530065 Orlando, Florida 32853-0065	
COVERAGES THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS TERM OR CONDITION OF ANY CONTRACT OR OTHER AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL TH	DOCUMENT WITH RESPECT TO WHICH THIS (	CERTIFICATE MAY BE ISSUED OR MA	
COVERAGE PROVIDED BY: FLORIDA MUNICIPAL		NSURANCE TRUST	
AGREEMENT NUMBER: FMIT 0591 C	OVERAGE PERIOD: FROM 10/1/25	COVERAGE PERIOD: TO	O 10/1/26 12:01 AM STANDARD TIME
TYPE OF COVERAGE - LIABILITY		TYPE OF COVERAGE - PRO	PERTY
General Liability		■ Buildings	
<ul> <li>Comprehensive General Liability, Bodiling Personal Injury</li> <li>Errors and Omissions Liability</li> <li>Supplemental Employment Practice</li> <li>Employee Benefits Program Administration</li> <li>Medical Attendants'/Medical Directors'</li> <li>Broad Form Property Damage</li> <li>Law Enforcement Liability</li> <li>Underground, Explosion &amp; Collapse Hatter Limits of Liability</li> <li>* Combined Single Limit</li> <li>Deductible Stoploss \$25,000</li> <li>Automobile Liability</li> <li>All owned Autos (Private Passenger)</li> <li>All owned Autos</li> <li>Hired Autos</li> <li>Non-Owned Autos</li> <li>Limits of Liability</li> <li>* Combined Single Limit</li> </ul>	tion Liability  Malpractice Liability  zard	Basic Form Special Form Personal Property Basic Form Special Form Special Form Agreed Amount Deductible\$1000 Coinsurance 100% Blanket Specific Replacement Cost Actual Cash Value Limits of Liab  TYPE OF COVERAGE - WO Statutory Workers' Con Employers Liability  Deductible N/A	
Deductible Stoploss \$25,000			
Automobile/Equipment - Deductible			
Other The limit of liability is \$200,000 Bodily Injury of These specific limits of liability are increase claims bill pursuant to Section 768.28 (5) Florederal Law or actions outside the State Description of Operations/Locations/Vehicle	nd/or Property Damage per perso ed to \$1,000,000 (combined single vrida Statutes or liability/settlement of Florida	limit) per occurrence, sole	and/or Property Damage per occurrence.  Ily for any liability resulting from entry of a
Re: Emergency Medical Services			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATHE COVERAGE AFFORDED BY THE AGREEMENT ABO		ON THE CERTIFICATE HOLDER. THIS	CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER
CITY OF TARPON SPRINGS PO BOX 5004 TARPON SPRINGS FL 346	S E V N IT	EXPIRATION DATE THEREOF, THE ISSU VRITTEN NOTICE TO THE CERTIFICATI	DESCRIBED AGREEMENT BE CANCELLED BEFORE THE JING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS TE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH TION OR LIABILITY OF ANY KIND UPON THE PROGRAM,