CERTIFICATE OF COVERAGE

Certificate Holder

PINELLAS COUNTY A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA 400 SOUTH FORT HARRISON AVENUE **CLEARWATER FLORIDA 33756**

Administrator

Issue Date 9/17/25

Florida League of Cities, Inc. **Department of Insurance Services** P.O. Box 538135 Orlando, Florida 32853-8135

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 IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT								
COVERAGE PROVIDED BY: FLORIDA MUNICIPAL INSURANCE TRUST								
AGREEMENT NUMBER: FMIT 0478 COVERAGE PERIOD: FROM 10		0/1/25 COVERAGE PERIOD: TO 10/1/26 12:01 AM STANDARD TIME						
TYPE OF COVERAGE - LIABILITY		TYPE OF COVERAGE - PROPERTY						
General Liability		X	Buildings	X	Miscellaneous			
X	Comprehensive General Liability, Be Personal Injury and Advertising Inju			X Basic Form X Special Form		Inland MarineElectronic Data Processing		
	Errors and Omissions Liability Employment Practices Liability Employee Benefits Program Administration Liability Medical Attendants'/Medical Directors' Malpractice Liability		X	Personal Property		X Bond		
				Basic Form				
				Special Form Agreed Amount				
			X					
X	Broad Form Property Damage		X	Deductible \$25,000				
X	Law Enforcement Liability		X	Coinsurance 100%				
X	Underground, Explosion & Collapse	Hazard	X	Blanket				
	Limits of Liability			Specific				
	* Combined Single Limit		X	Replacement Cost				
	Deductible Stoploss \$25,000			Actual Cash Value				
Automobile Liability		Limits of Liability on File with Administrator						
X	All owned Autos (Private Passenger)			TYPE OF COVERAGE - WORKERS' COMPENSATION				
X	All owned Autos (Other than Privat	All owned Autos (Other than Private Passenger)			X Statutory Workers' Compensation			
X	Hired Autos	ired Autos						
X	Non-Owned Autos		X	Employers Liability	• •	,000,000 Each Accident		
					\$1,	,000,000 Aggregate By Disease		
	Limits of Liability		X	Deductible 25,000				
	* Combined Single Limit			SIR Deductible N/A				
	Deductible Stoploss \$25,000							
Automobile/Equipment - Deductible								
X	Physical Damage Per Schedule - Comprehensive - Auto Per Schedule - Collision - Auto Per Schedule - Miscellaneous Equipment							
Other								
* The limit of liability is \$200,000 Bodily Injury and/or Property Damage per person or \$300,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to \$2,000,000 (combined single limit) per occurrence, solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability/settlement for which no claims bill has been filed or liability imposed pursuant to Federal Law or actions outside the State of Florida.								
Description of Operations/Locations/Vehicles/Special Items								
RE: Verification of Coverage								
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.								
Designated Member			Cancellations					
		CHOILD ANY DADT OF THE ADONE DECORDED ACCREMENT OF CANCELED DECORE THE EVOLUTION						

City of Pinellas Park PO Box 1100

Pinellas Park FL 33780-1100

SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.