CERTIFICATE OF COVERAGE Certificate Holder Administrator Issue Date 9/30/2025 PINELLAS COUNTY, A POLITICAL SUBDIVISION OF Florida League of Cities, Inc. **Department of Insurance Services** OF THE STATE OF FLORIDA P.O. Box 538135 400 S FORT HARRISON AVENUE Orlando, Florida 32853-8135 **CLEARWATER FLORIDA 33756** 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 0434 **COVERAGE PERIOD:** FROM 10/1/25 **COVERAGE PERIOD:** TO 10/1/26 12:01 AM STANDARD TIME **TYPE OF COVERAGE - PROPERTY TYPE OF COVERAGE - LIABILITY General Liability** X Buildings X Miscellaneous X Basic Form X Comprehensive General Liability, Bodily Injury, Property Damage, X Inland Marine Personal Injury and Advertising Injury X Special Form X Electronic Data Processing X Errors and Omissions Liability X Personal Property X Bond X Employment Practices Liability Basic Form X Employee Benefits Program Administration Liability X Special Form X Medical Attendants'/Medical Directors' Malpractice Liability X Agreed Amount X Broad Form Property Damage X Deductible \$25,000 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 Private Passenger) X Statutory Workers' Compensation X Hired Autos X **Employers Liability** \$1,000,000 Each Accident X Non-Owned Autos \$1,000,000 By Disease \$1,000,000 Aggregate By Disease **Limits of Liability** Deductible N/A * 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 * 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: ALS COPCN 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** 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. City of Oldsmar 100 State Street West Oldsmar FL 34677 Chi Krylw

AUTHORIZED REPRESENTATIVE

FMIT-CERT (10/2011)