

# CERTIFICATE OF COVERAGE

**Certificate Holder and Loss Payee**

PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA  
 400 S FORT HARRISON AVENUE  
 CLEARWATER FL 33756

**Administrator**

Issue Date 10/02/24

**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 10/1/24

**COVERAGE PERIOD:** TO 10/1/25 12:01 AM STANDARD TIME

**TYPE OF COVERAGE - LIABILITY**

**General Liability**

- Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury
- Errors and Omissions Liability
- Employment Practices Liability
- Employee Benefits Program Administration Liability
- Medical Attendants'/Medical Directors' Malpractice Liability
- Broad Form Property Damage
- Law Enforcement Liability
- Underground, Explosion & Collapse Hazard

**Limits of Liability**

\* Combined Single Limit  
 Deductible Stoploss \$25,000

**Automobile Liability**

- All owned Autos (Private Passenger)
- All owned Autos (Other than Private Passenger)
- Hired Autos
- Non-Owned Autos

**Limits of Liability**

\* Combined Single Limit  
 Deductible Stoploss \$25,000

**TYPE OF COVERAGE - PROPERTY**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Buildings</b>         | <input checked="" type="checkbox"/> <b>Miscellaneous</b>       |
| <input checked="" type="checkbox"/> Basic Form               | <input checked="" type="checkbox"/> Inland Marine              |
| <input checked="" type="checkbox"/> Special Form             | <input checked="" type="checkbox"/> Electronic Data Processing |
| <input checked="" type="checkbox"/> <b>Personal Property</b> | <input checked="" type="checkbox"/> Bond                       |
| <input type="checkbox"/> Basic Form                          |  |
| <input checked="" type="checkbox"/> Special Form             |  |
| <input checked="" type="checkbox"/> Agreed Amount            |  |
| <input checked="" type="checkbox"/> Deductible \$25,000      |  |
| <input checked="" type="checkbox"/> Coinsurance 100%         |  |
| <input checked="" type="checkbox"/> Blanket                  |  |
| <input type="checkbox"/> Specific                            |  |
| <input checked="" type="checkbox"/> Replacement Cost         |  |
| <input type="checkbox"/> Actual Cash Value                   |  |

**Limits of Liability on File with Administrator**

**TYPE OF COVERAGE - WORKERS' COMPENSATION**

- Statutory Workers' Compensation
- Employers Liability
  - \$1,000,000 Each Accident
  - \$1,000,000 By Disease
  - \$1,000,000 Aggregate By Disease
- Deductible 25,000
- SIR Deductible N/A

**Automobile/Equipment - Deductible**

- 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: Insurance Verification for: COPCN

The certificate holder is hereby added as an additional insured, except for Workers' Compensation and Employers Liability, as respects the member's liability for the above-described event.

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**

City of Pinellas Park  
 PO Box 1100  
 Pinellas Park FL 33780-1100

**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.



AUTHORIZED REPRESENTATIVE