



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2021

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).

|  |  |   |                                    |
|--|--|---|------------------------------------|
| <b>PRODUCER</b><br>World Risk Management, LLC a Member of: Ballator Insurance Group<br>20 N. Orange Ave.,<br>Suite 500<br>Orlando FL 32801 | <b>CONTACT NAME:</b> Jenna Jennings<br><b>PHONE (A/C. No. Ext):</b> 4074452414<br><b>E-MAIL ADDRESS:</b> jennifer.jennings@wrmlc.com |   | <b>FAX (A/C. No):</b> 407-445-2868 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |   | <b>NAIC #</b>                      |
| <b>INSURED</b><br>City of South Pasadena<br>7047 Sunset Drive South<br>South Pasadena FL 33707-2895  | SOUTPAS-01   | <b>INSURER A :</b> Public Risk Management of FL ( |                                    |
|  |  | <b>INSURER B :</b>                                |                                    |
|  |  | <b>INSURER C :</b>                                |                                    |
|  |  | <b>INSURER D :</b>                                |                                    |
|  |  | <b>INSURER E :</b>                                |                                    |
|  |  | <b>INSURER F :</b>                                |                                    |

**COVERAGES**

CERTIFICATE NUMBER: 679115494

REVISION NUMBER:

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 LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |              |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|---|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |           |          | PRM021-008-024 | 10/1/2021               | 10/1/2022               | EACH OCCURRENCE   | \$ 2,000,000 |
|          |  |           |          |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)   | \$ 2,000,000 |
|          |  |           |          |                |                         |                         | MED EXP (Any one person)  | \$ EXCLUDED  |
|          |  |           |          |                |                         |                         | PERSONAL & ADV INJURY   | \$ 2,000,000 |
|          |  |           |          |                |                         |                         | GENERAL AGGREGATE   | \$           |
|          |  |           |          |                |                         |                         | PRODUCTS - COMP/OP AGG  | \$           |
|          |  |           |          |                |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> APD |           |          | PRM021-008-024 | 10/1/2021               | 10/1/2022               | COMBINED SINGLE LIMIT (Ea accident)   | \$ 2,000,000 |
|          |  |           |          |                |                         |                         | BODILY INJURY (Per person)  | \$           |
|          |  |           |          |                |                         |                         | BODILY INJURY (Per accident)  | \$           |
|          |  |           |          |                |                         |                         | PROPERTY DAMAGE (Per accident)  | \$           |
|          |  |           |          |                |                         |                         | APD DEDUCTIBLE  | \$ 1,000     |
|          | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br>DED RETENTION \$   |           |          |                |                         |                         | EACH OCCURRENCE   | \$           |
|          |  |           |          |                |                         |                         | AGGREGATE   | \$           |
|          |  |           |          |                |                         |                         |   | \$           |
| A        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | PRM021-008-024 | 10/1/2021               | 10/1/2022               | <input checked="" type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTHER |              |
|          |  |           |          |                |                         |                         | E.L. EACH ACCIDENT  | \$ 1,000,000 |
|          |  |           |          |                |                         |                         | E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000 |
|          |  |           |          |                |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: ALS License Renewal  
 With respects to the listed coverage held by the named insured, as evidence of insurance.  
 Per the Attorney General's Opinion, as Per FL Statute 768.28, governmental entities may not add another party as an additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

Florida Department of Health Emergency Medical Services  
 4052 Bald Cypress Way  
 Tallahassee FL 32399-1738

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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