Client#: 20222 EASTLAKE2

## ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/27/2020

\$1,000,000

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer any rights to the certificate holde	r in lieu of such endorsement(s).				
PRODUCER	CONTACT Bouchard Insurance				
Marsh & McLennan (FTM)	PHONE (A/C, No, Ext): 239 489-3232 FAX (A/C, 1)	No): 239 489-1084			
12800 University Dr, Ste. 165	E-MAIL ADDRESS: clcerts@bouchardinsurance.com				
Fort Myers, FL 33907	INSURER(S) AFFORDING COVERAGE	NAIC#			
239 489-3232	INSURER A: American Alternative Ins Co	19720			
INSURED	INSURER B : Benchmark Insurance Company	41394			
East Lake Tarpon Special Fire Control	INSURER C:				
District	INSURER D ;				
3375 Tarpon Lake Blvd	INSURER E:				
Palm Harbor, FL 34685	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED B	ELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR	THE POLICY PERIOD			

CO	VERAGES C	AGES CERTIFICATE NUMBER:			REVISION NUMBER:				
IN	HIS IS TO CERTIFY THAT THE POLIC POICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA	REQUIREMENT	, TERM OR CONDITION OF AN	Y CONTRACT O	R OTHER DO	CUMENT WITH RESPECT	TO WHICH THIS		
	XCLUSIONS AND CONDITIONS OF SU								
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5		
Α	X COMMERCIAL GENERAL LIABILITY	Y	VFNUTR002154900	10/01/2020	10/01/2021	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
						MED EXP (Any one person)	\$5,000		
				-		PERSONAL & ADV INJURY	\$1,000,000		
	ACTIVITY ADDRESS ATTAINED IN A DEED.	-		1		ACMEDIA ACODECATE	°3 000 000		

PRO-JECT \$3,000,000 PRODUCTS - COMP/OP AGG X POLICY LOC OTHER: 10/01/2020 10/01/2021 COMBINED SINGLE LIMIT (Ea accident) s1,000,000 VFNUTR002154900 AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS ONLY Х HMBRELLA LIAB \$5,000,000 10/01/2020 10/01/2021 EACH OCCURRENCE Α OCCUR VFNUTR002154900 \$10,000,000 **EXCESS LIAB** AGGREGATE Х CLAIMS-MADE DED | X RETENTION \$0 WORKERS COMPENSATION 10/01/2020 10/01/2021 X PER STATUTE FPD20118800 AND EMPLOYERS' LIABILITY \$1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A Υ

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

If required by written contract, Certificate Holder is an additional insured with respect to General Liability, Auto Liability, and Excess Liability, subject to the terms, conditions and exclusions of the policies.

RE: Annual submittal as required under the EMS-ALS First Responder Agreement.

CERTIFICATE HOLDER	CANCELLATION
Pinellas County EMS and Fire Administration 12490 Ulmerton Road Suite 134	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Largo, FL 33774	AUTHORIZED REPRESENTATIVE
	RA

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E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT \$1,000,000

(Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below This page has been left blank intentionally.

#### Client#: 20222

### ACORD...

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ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? \$1,000,000 E.L. EACH ACCIDENT Υ \$1,000,000 E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000

CERTIFICATE HOLDER

of the policies.

CANCELLATION

Pinellas County, A Political Subdivision of the State of Florida 400 South Fort Harrison Avenue Clearwater, FL 33756 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

TRA

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