



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2019

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).

PRODUCER		CONTACT NAME: Nelly Alfonso	
Brown & Brown of Florida, Inc. 2290 Lucien Way Suite 400 Maitland		PHONE (A/C, No, Ext): (407) 660-8282	FAX (A/C, No): (407) 660-2012
		E-MAIL ADDRESS: nalfonso@bborlando.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Southern Owners Ins. Co. NAIC # 10190	
INSURED		INSURER B: Progressive Express Ins. Co. 10193	
John Mader Enterprises, Inc. 18161 North Tamiami Trail		INSURER C: Scottsdale Insurance Co. 41297	
N Ft Myers		INSURER D: FFVA Mutual Insurance Co. 10385	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL19112621792 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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	72402846	09/15/2019	09/15/2020	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000						
	MED EXP (Any one person)	\$ 10,000						
	PERSONAL & ADV INJURY	\$ 1,000,000						
	GENERAL AGGREGATE	\$ 2,000,000						
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		Y	04135918-2	09/15/2019	09/15/2020	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	EPLI					\$ 100,000	
	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000						
	BODILY INJURY (Per person)	\$						
	BODILY INJURY (Per accident)	\$						
C	UMBRELLA LIAB EXCESS LIAB			XLS0111756	09/15/2019	09/15/2020	PROPERTY DAMAGE (Per accident)	\$
	CLAIMS-MADE	PIP-Basic					\$ 10,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	EACH OCCURRENCE					\$ 2,000,000	
		AGGREGATE					\$ 2,000,000	
							\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		WC840-0027333-2019A	12/01/2019	12/01/2020	<input checked="" type="checkbox"/> PER STATUTE	OTHE-
		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)

The City Of Clearwater is granted additional insured status by the General Liability and Auto Liability policies with regard to the operations of the named insured when required by written contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

City Of Clearwater 3290 State Road 580 Clearwater	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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