

DATE (MM/DD/YYYY) 12/14/2018

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).							
	ne certif	icate holder in lieu of such		Cimmono			
PRODUCER	NAME: Kindeny Similaria						
Lassiter-Ware Insurance of Jacksonville	(A/C, No, Ext): (000) 043-0437 (A/C, No): (000) 003-0000						
8659 Baypine Road E-MAIL ADDRESS: Kimberlys@lassiter-ware.com							
Jacksonville	INSURER(S) AFFORDING COVERAGE				NAIC # 19682		
INSURED	Fuendar laurene Company				35378		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	VI. Cresiste Insurance Company				37885		
9800 Normandy Blvd.							37885
Sooo Normanay Diva.			INSURER D :				
Jacksonville		FL 32221	INSURER E :				
		NUMBER: 18-19 Master	INSURER F : - 081518		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF IN							
INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POL	EMENT, T	ERM OR CONDITION OF ANY (ISURANCE AFFORDED BY THE	CONTRACT OR OTHER POLICIES DESCRIBE	R DOCUMENT D HEREIN IS S	WITH RESPECT TO WHIC	H THIS	
INSR	ADDL SUBF	र	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS	
		. e.e. Hombelt			EACH OCCURRENCE	<u> </u>	0,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	
XCU Included					MED EXP (Any one person)	\$ 10,0	00
A Contractual Liability	Y	XXXXXXXXXX	07/01/2018	07/01/2019	PERSONAL & ADV INJURY	\$ 1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,00	0,000
					PRODUCTS - COMP/OP AGO	2.00	0,000
OTHER:						\$	
AUTOMOBILE LIABILITY		(COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
					BODILY INJURY (Per person)	\$	
A OWNED SCHEDULED AUTOS		XXXXXXXXX	07/01/2018	07/01/2019	BODILY INJURY (Per accider		
HIRED AUTOS ONLY NOTOS ONLY			·		PROPERTY DAMAGE (Per accident)	\$	
\$10,000 PIP					Medical payments	\$ 5,00	0
UMBRELLA LIAB X OCCUR		****		/15/2018 07/01/2019	EACH OCCURRENCE	\$ 5,00	0,000
B EXCESS LIAB CLAIMS-MADE			08/15/2018		AGGREGATE		0,000
DED KRETENTION \$ 0	•					\$	
WORKERS COMPENSATION		****		07/01/2019	Y PER OTH STATUTE ER	ŀ	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			07/04/2040		E.L. EACH ACCIDENT	\$ 1,00	0,000
A OFFICER/MEMBER EXCLUDED?	N/A		07/01/2018		E.L. DISEASE - EA EMPLOY	1.00	0,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMI	1.00	0,000
					Leased/Rented Equip.		0,000
C C C C C C C C C C C C C C C C C C C		XXXXXXXXXXXX	09/06/2018	09/06/2019			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORD	101, Additional Remarks Schedule,	may be attached if more s	pace is required)			
Re: Hillsborough County ITB XXXX,X							
The certificate holder is an additional insured und	der the ter	ms and conditions of the gene	ral liability policy with r	espects to wor	k being performed by the		
named insured as required by written contract.							
CERTIFICATE HOLDER			CANCELLATION				
Hillsborough County BOCC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
Risk Management	ACCORDANCE WIT		,	ERED IN			
601 E Kennedy Blvd, 25th Floor							
Tampa FL 33602			AUTHORIZED REPRESE	NTATIVE			
				-	AT Ser		
CH4/Salar							
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT

This endorsement, effective 12:01 A.M. 01/01/2019 forms a part of

Policy No. issued to

By THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION II - WHO IS AN INSURED, is amended to include as an additional insured:

Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

AUTHORIZED REPRESENTATIVE



DATE (MM/DD/YYYY) 12/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	ID OR ALTER THE COVERAGE	AFFORDED BY THE POLICIES	;			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polic If SUBROGATION IS WAIVED, subject to the terms and conditions of the po this certificate does not confer rights to the certificate holder in lieu of such	icy, certain policies may requi					
PRODUCER	CONTACT Kimbork Simmono					
Lassiter-Ware Insurance of Jacksonville	NAME: Numberly Similarity PHONE (A/C, No, Ext): (800) 845-8437 (A/C, No): (888) 883-8680					
8659 Baypine Road	E-MAIL ADDRESS: Kimberlys@lassiter-wa					
Suite 100	ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
Jacksonville FL 32256	INSURER A: Hartford Fire Insurand	19682				
INSURED	INSURER B: Evanston Insurance (35378				
XXXXXXXXXXXXXXX	INSURER C: XL Specialty Insurance	37885				
9800 Normandy Blvd.	INSURER D :					
	INSURER E :					
Jacksonville FL 32221	INSURER F :					
COVERAGES CERTIFICATE NUMBER: 18-19 Master		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN INSR	CONTRACT OR OTHER DOCUMENT POLICIES DESCRIBED HEREINIS REDUCED BY PAID CLAIMS.	WITH RESPECT TO WHICH THIS SUBJECT TO ALL THE TERMS,				
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER X COMMERCIAL GENERAL LIABILITY V V V V	(MM/DD/YYYY) (MM/DD/YYYY	4.00	00,000			
		DAMAGE TO RENTED 200	,000			
CLAIMS-MADE CLAIMS-MADE CLAIMS-MADE			-			
A Contractual Liability Y XXXXXXXXX	07/01/2018 07/01/2019		00,000			
GEN'L AGGREGATE LIMIT APPLIES PER:		PERSONAL & ADV INJURT 5	00,000			
		GENERALAGGREGATE 5	00,000			
		S				
AUTOMOBILE LIABILITY			00,000			
		(Ea accident) \$ 1,00 BODILY INJURY (Per person) \$	-,			
	07/01/2018 07/01/2019					
HIRED NON-OWNED		PROPERTY DAMAGE				
AUTOS ONLY AUTOS ONLY \$10,000 PIP		(Per accident) \$ Medical payments \$ 5,00	00			
			00,000			
	08/15/2018 07/01/2019		00,000			
DED RETENTION \$ 0		\$				
WORKERS COMPENSATION		PER OTH- STATUTE ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			00,000			
A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	07/01/2018 07/01/2019		00,000			
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - POLICY LIMIT \$ 1,00	00,000			
			0,000			
C C Contractor's Equipment Coverage XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	09/06/2018 09/06/2019					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule,	may be attached if more space is require	d)				
The certificate holder is an additional insured under the terms and conditions of the gene	ral liability policy with respects to w	ork being performed by				
the named insured as required by written contract.						
CERTIFICATE HOLDER	CANCELLATION					
City of Tampa SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
411 N Franklin St	ACCORDANCE WITH THE POLICY PROVISIONS.					
Tampa FL 33602						
AUTHORIZED REPRESENTATIVE						
	~	AT Sea				
		-7]-/				
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DATE (MM/DD/YYYY) 12/14/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CO REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	ND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polic If SUBROGATION IS WAIVED, subject to the terms and conditions of the po this certificate does not confer rights to the certificate holder in lieu of such	licy, certain policies may require an endorsement. A statement or						
PRODUCER	CONTACT Kimborly Simmons						
Lassiter-Ware Insurance of Jacksonville	PHONE (800) 845-8437 FAX (888) 883-8680						
8659 Baypine Road	(A/C, No, Ext): (600) 043-0437 (A/C, No): (800) 043-0437 E-MAIL ADDRESS: Kimberlys@lassiter-ware.com (A/C, No): (800) 043-0437						
Suite 100	INSURER(S) AFFORDING COVERAGE	NAIC #					
Jacksonville FL 32256	INSURER A : Hartford Fire Insurance Co.	19682					
INSURED	INSURER B: Evanston Insurance Company	35378					
XXXXXXXXXXXXXXX	INSURER C: XL Specialty Insurance Company	37885					
9800 Normandy Blvd.	INSURER D :						
	INSURER E :						
Jacksonville FL 32221	INSURER F :						
COVERAGES CERTIFICATE NUMBER: 18-19 Master	- 081518 REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN INSR TYPE OF INSURANCE ADD INSD WYD POLICY NUMBER	CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MW/DD/YYYY) (MW/DD/YYYY) LIMITS						
	EACH OCCURRENCE \$ 1,000,	000					
CLAIMS-MADE 🔀 OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,00						
XCU Included	MED EXP (Any one person) \$ 10,000						
A Contractual Liability XXXXXXXXX	07/01/2018 07/01/2019 PERSONAL & ADV INJURY \$ 1,000,						
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$ 2,000,						
	PRODUCTS - COMP/OP AGG \$ 2,000,	000					
OTHER:							
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,	000					
	BODILY INJURY (Per person) \$						
A OWNED SCHEDULED AUTOS ONLY AUTOS A	07/01/2018 07/01/2019 BODILY INJURY (Per accident) \$						
AUTOS ONLY NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident) \$						
× \$10,000 PIP	Medical payments \$ 5,000						
UMBRELLA LIAB CCCUR	EACH OCCURRENCE \$ 5,000,						
B KEXCESS LIAB CLAIMS-MADE	08/15/2018 07/01/2019 AGGREGATE \$ 5,000	000					
DED RETENTION \$ 0	\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	PER OTH- STATUTE ER						
A OFFICER/MEMBER EXCLUDED?	07/01/2018 07/01/2019 E.L. EACH ACCIDENT \$ 1,000,						
(Mandatory in NH) If yes, describe under	E.L. DISEASE - EA EMPLOYEE \$ 1,000,						
DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$ 1,000						
C Contractor's Equipment Coverage	09/06/2018 09/06/2019 Leased/Rented Equip. \$400,0	000					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The certificate holder is an additional insured under the terms and conditions of the general liability policy with respects to work being performed by (the named insured as required by written contract.)							
	CANCELLATION						
CERTIFICATE HOLDER	CANCELLATION						
City of Plant City ATTN: City Manager 302 West Reynolds St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Plant City, FL 33563							
Plant City, FL 33563							
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DATE (MM/DD/YYYY) 12/14/2018

С В	HIS CERTIFICATE IS ISSUED AS A MAT ERTIFICATE DOES NOT AFFIRMATIVE ELOW. THIS CERTIFICATE OF INSUR/ EPRESENTATIVE OR PRODUCER, AND	LY O ANCE	R NE	GATIVELY AMEND, EXTER ES NOT CONSTITUTE A CO	ND OR	ALTER THE C	OVERAGE A	FFORDED BY THE POLICIES	-
lf	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to	the	terms	and conditions of the po	licy, ce	rtain policies			
	his certificate does not confer rights to	the o	certifi	cate holder in lieu of such	O endor	~=	~ .		
-					NAME: PHONE	Kinberry		FAX	
Lassiter-Ware Insurance of Jacksonville					(A/C, No E-MAIL	o, Ext): (000) 0	45-8437	(A/C, NO):) 883-8680
	9 Baypine Road				ADDRE	ss: Kimberlys	@lassiter-ware	e.com	
Suite 100					INSURER(S) AFFORDING COVERAGE				NAIC #
Jacksonville FL 32256					INSURER A : Hartford Fire Insurance Co.				19682
INSURED				INSURER B : Evanston Insurance Company				35378	
	****				INSURER C: XL Specialty Insurance Company				37885
	9800 Normandy Blvd.				INSURE	RD:			
				F I 00004	INSURE	RE:			
	Jacksonville			FL 32221	INSURE				
				NUMBER: 18-19 Master		-		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	I TPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
							\sim		000,000
								PREMISES (Ea occurrence) \$ 50	00,000
	XCU Included							WEDEAF (Ally one person) \$	0,000
A	Contractual Liability	Y		XXXXXXXXXX		07/01/2018	07/01/2019	FERSONAL & ADVINJORT 5	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					\mathbf{O}		GENERALAGOREGATE 5	000,000
	POLICY PRO- JECT LOC					\mathbf{O}		FRODUCTS CONF/OF AGG 3	000,000
	OTHER:							\$	
								COMBINED SINGLE LIMIT (Ea accident) \$ 1,	000,000
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per person) \$	
А				XXXXXXXXXX		07/01/2018	07/01/2019	BODILY INJURY (Per accident) \$	
								PROPERTY DAMAGE \$	
	× \$10,000 PIP							Medical payments \$ 5,	000
								EACH OCCURRENCE \$ 5,	000,000
В	EXCESS LIAB CLAIMS-MADE			XXXXXXXXXXXX		08/15/2018	07/01/2019	AGGREGATE \$ 5,	000,000
	DED X RETENTION \$ 0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			xxxxxxxx	07/01/2018			X PER OTH- STATUTE ER	
А	ANY PROPRIETOR/PARTNER/EXECUTIVE					07/01/2019		000,000	
	(Mandatory in NH)								000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,	000,000
	Contractor's Equipment Coverage		-					Leased/Rented Equip. \$4	00,000
С				XXXXXXXXXXXX		09/06/2018	09/06/2019		
1									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (A	CORD 1	101, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)		
The	certificate holder is an additional insured un	der th	ne terr	ms and conditions of the gene	ral liabil	ity policy with r	espects to wor	k being performed by	
	named insured as required by written contra			g					
05	RTIFICATE HOLDER				CANC	ELLATION			
					CANC				
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CANCELL	ED BEFORE
City of Temple Terrace				THE	EXPIRATION D	ATE THEREOF	, NOTICE WILL BE DELIVERED IN		
11250 N 56th St.				ACC	ORDANCE WIT	H THE POLICY	PROVISIONS.		
	Temple Terrace, FL 33617				A		174711/5		
	AUTHORIZED REPRESENTATIVE								
					A A Same				

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