

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2023

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.

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

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsemen	t. A state	ement o	on	
PRODUCER						CONTACT NAME: Brenda Wilcox						
Associated Services in Insurance, Inc.						PHONE (816) 220-4450 FAX (816) 220-5813						
7.0000dica Col Noce in modulate, inc.						(A/C, No, Ext): (A/C, No): (A/C,						
P.O. Box 639						INSURER(S) AFFORDING COVERAGE NAIC #						
Grain Valley MO 64029						INSURER A: SPU-Employers Compensation Ins Co						
INSURED						INSURER B:						
Martin County Sportsmens Assoc						INSURER C:						
PO Box 1306						INSURER D:						
					INSURER E :							
	Stuart			FL 34995-1306	INSURER F:							
COVERAGES CER			ATE I	NUMBER: CL231220059	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			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	Е	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occui	D	\$		
								MED EXP (Any one p		\$		
								PERSONAL & ADV IN	JURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	OP AGG	\$		
OTHER:										\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Per	person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGI (Per accident)	E	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E	\$		
	EXCESS LIAB CLAIMS-MADE	CLAIMS-MADE						AGGREGATE \$		\$		
	DED RETENTION \$							· · · l pep	Lotu	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE	OTH- ER			
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		EIG450080504		02/06/2024	02/06/2025	E.L. EACH ACCIDEN		\$ 1,00		
	(Mandatory in NH) If yes, describe under									\$ 1,00		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$ 1,00	0,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
Mar	in County Public Works Dept											
CERTIFICATE HOLDER						CANCELLATION						
Martin County Board of County Commissioners						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
c/o Ellen MaCarthur						AUTHORIZED REPRESENTATIVE						
2401 SE Monterey Road Stuart FL 34996												
l	Stuart											