OP ID: HP

DATE (MM/DD/YYYY) 09/01/2023

## CERTIFICATE OF LIABILITY INSURANCE

ACORD

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.

		BROGATION IS WAIVED, sertificate does not confer								require an endorsement	. A	statement on
PRINI INI CO	DDUCE NOVA NSUI 31 UN	TER ATIVE INSURANCE LTANTS, INC. NIVERSITY DRIVE, #103				I-340-9551	CONTA NAME: PHONE	CT BRIAN J	. MAMO 10-9551	FAX (A/C, No): VE-INSURANCE.COM		340-9456
		SPRINGS, FL 33067 J. MAMO								DING COVERAGE		NAIC #
							INSURE	RA: PHILAD	ELPHIA IN	DEMNITY INS CO		18058
INS M A	URED RTIN	I COUNTY SPORTSMEN'S					INSURE	RB:				
AS	SOCI	IATION, INC. X 1306					INSURE	ER C:				
ST	JART	Γ, FL 34995					INSURE	RD:				
							INSURE					
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- I (	THIS II NDICA CERTI	RAGES IS TO CERTIFY THAT THE PARTED. NOTWITHSTANDING IFICATE MAY BE ISSUED OF	OLICIES ANY RE R MAY I	OF QUIF PERT	INSUF REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	THE INSURE OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	O WHICH THIS
I INSF	_	USIONS AND CONDITIONS OF					BEEN F		PAID CLAIMS. POLICY EXP		_	
LTR A	_	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILI		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000
^	_	CLAIMS-MADE X OCCU				PHPK2596221		09/20/2023	09/20/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	X	BLKT ADDL INSRD								MED EXP (Any one person)	\$	5,000
										PERSONAL & ADV INJURY	\$	1,000,000
		N'L AGGREGATE LIMIT APPLIES PE								GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LO	C							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		OWNED SCHEDUL AUTOS ONLY AUTOS NON-OW AUTOS ONLY								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
											\$	
Α	X	UMBRELLA LIAB X OCCU	UR							EACH OCCURRENCE	\$	4,000,000
			MS-MADE 10,000			PHUB879376		09/20/2023	09/20/2024	AGGREGATE SEE NOTES	\$	4,000,000
	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY								PER OTH- STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVICER/MEMBER EXCLUDED?	/E Y/N	N/A						E.L. EACH ACCIDENT	\$	
										E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under SCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$	
DE	SCRIPT	TION OF OPERATIONS / LOCATION	S / VEHICL	ES (	ACORE	 D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	red)		
CE	RTIF	FICATE HOLDER					CANO	CELLATION				
MARTIN COUNTY BOARD OF COUNTY COMMISSIONERS C/O ELLEN MACARTHUR 2401 S.W. MONTEREY ROAD STUART FL 34996							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
							Brian J. Mano					

NOTEPAD	MARTIN COUNTY SPORTSMEN'S INSURED'S NAME	MARTI-7 OP ID: HP	PAGE 2 Date 09/01/2023
UMBRELLA POLICY	COVERS OVER GL ONLY. AUTO IS EXCLUDED.		