OP ID: HP

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/03/2024

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). | | | | | | | | |
|---|--|-----------|---------------|--|----------------------------|---------------|----------------|--|
| | DUCER | 954 | 4-340-9551 | CONTACT BRIAN J. MAMO | | | | |
| | OVATIVE INSURANCE NSULTANTS. INC. | | | PHONE (A/C, No, Ext): 954-3 | 54-340-9456 | | | |
| 5461 UNIVERSITY DRIVE, #103 | | | | E-MAIL BRIAN@INNOVATIVE-INSURANCE.COM | | | | |
| | CORAL SPRINGS, FL 33067 BRIAN J. MAMO | | | INS | SURER(S) AFFOR | DING COVERAGE | NAIC # | |
| | | | | INSURER A: PHILADELPHIA INDEMNITY INS CO | | | 18058 | |
| INSU | RED COUNTY SPORTSMEN'S | | | INSURER B: | | | | |
| ASS | SOCIATION, INC. | | | INSURER C: | | | | |
| | . BOX 1306´ ART, FL 34995 | | | INSURER D: | | | | |
| | , | | | INSURER E : | | | | |
| | | | | INSURER F: | | | | |
| CO | VERAGES CE | RTIFICATE | E NUMBER: | 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 | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | | | | | | ALL THE TERMS, | |
| INSR LTR | TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| _ | V COMMEDCIAL CENEDAL LIADULEV | | | | 1 | | 1 000 000 | |

| LTR | | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | 3 |
|--|---------------------------------|--|------|-----|-----------------|--------------|--------------|--|--------------|
| Α | X | COMMERCIAL GENERAL LIABILITY | | | | | , | EACH OCCURRENCE | \$ 1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | PHPK2596221-004 | 09/20/2024 | 09/20/2025 | 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 |
| | GEN | I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | X | POLICY PRO- LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | OTHER: | | | | | | | \$ |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| Α | X | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ 4,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | PHUB879376-004 | 09/20/2024 | 09/20/2025 | AGGREGATE | \$ 4,000,000 |
| | | DED X RETENTION \$ 10,000 | | | | | | SEE NOTES | \$ |
| | WOR | KERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | PER OTH- STATUTE ER | |
| | ANY PROPERTOR/PARTNER/EXECUTIVE | | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | | idatory in NH) | ,, | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | DES | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION | |
|--------------------|--------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

MARTI-1

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.

AUTHORIZED REPRESENTATIVE