



# CERTIFICATE OF LIABILITY INSURANCE

# SAMPLE

DATE (MM/DD/YYYY)

8/13/2019

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 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).

<b>PRODUCER</b> Fearnow Insurance, Inc. P.O. Box 1788 Mango FL 33550		<b>CONTACT NAME:</b> [REDACTED] <b>PHONE (A/C. No. Ext):</b> [REDACTED] <b>FAX (A/C. No):</b> [REDACTED] <b>E-MAIL ADDRESS:</b> [REDACTED]	
<b>INSURED</b> First Free Will Baptist Church, Inc. DBA: Seffner Christian Academy 11605 E. US Hwy 92 Seffner FL 33584		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Markel Insurance Company <b>INSURER B:</b> Deerfield Insurance Co <b>INSURER C:</b> Philadelphia Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 38970 38970F 18058	

**COVERAGES**

CERTIFICATE NUMBER: 2019-20

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8502WSI044657-1	3/1/2019	3/1/2020	<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 1,000,000 <input checked="" type="checkbox"/> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 <input type="checkbox"/> MED EXP (Any one person) \$ 15,000 <input type="checkbox"/> PERSONAL & ADV INJURY \$ 1,000,000 <input type="checkbox"/> GENERAL AGGREGATE \$ 3,000,000 <input type="checkbox"/> PRODUCTS - COMP/OP AGG \$ 3,000,000 <input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 <input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/> Basic PIP \$ 10,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			1002WSI044658-1	3/1/2019	3/1/2020	<input type="checkbox"/> BODILY INJURY (Per person) \$ <input type="checkbox"/> BODILY INJURY (Per accident) \$ <input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$ <input type="checkbox"/> Basic PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4602WSI044660-1	3/1/2019	3/1/2020	<input type="checkbox"/> EACH OCCURRENCE \$ 5,000,000 <input type="checkbox"/> AGGREGATE \$ 5,000,000 <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC0120091-02	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Student Accident			PHPA020365	8/1/2019	8/1/2020	Medical Expense 50,000
C	Student Accident			PHPC001236	8/1/2019	8/1/2020	Catastrophic 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Hillsborough County BOCC is additional insured on the General Liability policy with respects to activities of named insured per terms and conditions of the policy.

**CERTIFICATE HOLDER**

HendersonAV@HillsboroughCount

Hillsborough County BOCC  
 601 East Kennedy Boulevard  
 Tampa, FL 33602

**CANCELLATION**

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