

CERTIFICATE OF COVERAGE

Certificate Holder

SUMTER COUNTY BOARD OF COUNTY
COMMISSIONERS
7375 POWELL ROAD SUITE 200
WILDWOOD FL 34785-4251

Service Company

Issue Date 1/23/15

Florida League of Cities, Inc.
Department of Insurance and Financial Services
P.O. Box 530065
Orlando, Florida 32853-0065

COVERAGES

THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS BEEN ISSUED TO THE DESIGNATED MEMBER FOR THE COVERAGE 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 COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT.

COVERAGE PROVIDED BY:

FLORIDA ASSOCIATION OF COUNTIES TRUST

AGREEMENT NUMBER: FACT 9017

COVERAGE PERIOD: FROM 10/1/14

COVERAGE PERIOD: TO 10/1/15 12:01 AM STANDARD TIME

TYPE OF COVERAGE - LIABILITY

General Liability

- Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury
- Errors and Omissions Liability
- Medical Attendants'/Medical Directors' Malpractice Liability
- Civil Rights Liability
- Law Enforcement Liability
- Underground, Explosion & Collapse Hazard
- Florida Claims Bill Endorsement
- Deductible \$25,000

Limits of Liability

\$1,000,000 Per Occurrence/\$3,000,000 Aggregate

- Employment Practices Liability
- Deductible \$25,000
- Employee Benefits Program Administration Liability
- Deductible \$25,000
- Florida Claims Bill Endorsement

Limits of Liability

\$1,000,000 Per Occurrence/\$1,000,000 Aggregate

Automobile Liability

- All owned Autos (Private Passenger)
- All owned Autos (Other than Private Passenger)
- Hired Autos
- Non-Owned Autos
- Florida Claims Bill Endorsement
- Deductible N/A

Limits of Liability

N/A

Description of Operations/Locations/Vehicles/Special Items

Re: Verification of Coverage

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE AGREEMENT ABOVE.

DESIGNATED MEMBER

SUMTER COUNTY BOARD OF COUNTY
COMMISSIONERS
7375 POWELL ROAD SUITE 200
WILDWOOD FL 34785-4251

CANCELLATIONS

SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE

CERTIFICATE OF COVERAGE

Certificate Holder

SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS
7375 POWELL ROAD SUITE 200
WILDWOOD FL 34785-4251

Administrator

Issue Date 1/23/15

Florida League of Cities, Inc.
Department of Insurance and Financial Services
P.O. Box 530065
Orlando, Florida 32853-0065

COVERAGES

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COVERAGE PROVIDED BY:

FLORIDA MUNICIPAL INSURANCE TRUST

AGREEMENT NUMBER: FMIT 0910

COVERAGE PERIOD: FROM 10/1/14

COVERAGE PERIOD: TO 10/1/15 12:01 AM STANDARD TIME

TYPE OF COVERAGE - LIABILITY

General Liability

- Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury
- Errors and Omissions Liability
- Supplemental Employment Practice
- Employee Benefits Program Administration Liability
- Medical Attendants/Medical Directors' Malpractice Liability
- Broad Form Property Damage
- Law Enforcement Liability
- Underground, Explosion & Collapse Hazard

Limits of Liability

* Combined Single Limit

Deductible N/A

Automobile Liability

- All owned Autos (Private Passenger)
- All owned Autos (Other than Private Passenger)
- Hired Autos
- Non-Owned Autos

Limits of Liability

* Combined Single Limit

Deductible N/A

TYPE OF COVERAGE - PROPERTY

Buildings

- Basic Form
- Special Form

Personal Property

- Basic Form
- Special Form

Agreed Amount

Deductible \$5,000

Coinsurance N/A

Blanket

Specific

Replacement Cost

Actual Cash Value

Miscellaneous

- Inland Marine
- Electronic Data Processing
- Bond
-

Limits of Liability on File with Administrator

TYPE OF COVERAGE - WORKERS' COMPENSATION

Statutory Workers' Compensation

Employers Liability

\$1,000,000 Each Accident

\$1,000,000 By Disease

\$1,000,000 Aggregate By Disease

Deductible N/A

Automobile/Equipment - Deductible

- Physical Damage Per Schedule - Comprehensive - Auto Per Schedule - Collision - Auto Per Schedule - Miscellaneous Equipment

Other

The limit of liability is \$200,000 Bodily Injury and/or Property Damage per person or \$300,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to \$1,000,000 (combined single limit) per occurrence, solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability/settlement for which no claims bill has been filed or liability imposed pursuant to Federal Law or actions outside the State of Florida

Description of Operations/Locations/Vehicles/Special Items

Re: Verification of Coverage

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AUTHORIZED REPRESENTATIVE