

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY) 03/03/2021 2:10 PM

| THIS BELC | CERTIFICATE IS ISSUED AS A MATTER CERTIFICATE DOES NOT AFFIRMATIVI W. THIS CERTIFICATE OF INSURANCE RESENTATIVE OR PRODUCER, AND TH | ely of Does | R NEG S NOT | ATIVELY AMEND, EXT CONSTITUTE A CONT | END C | R ALTER THE | COVERAGE | AFFORDED BY THE POLICIE | S | |
|---|---|-------------------------------|----------------------------|---|--|--|---|--|------------|-----|
| terms | DRTANT: If the certificate holder is an ADE and conditions of the policy, certain polic is and conditions of the policy, certain polic | ies ma | | | | | | | | |
| PRODU | icate holder in lieu of such endorsement(s |). | | | CONTAC | | | | | |
| Professional Insurance Center | | | | | NAME: Shelly, Middlebrooks & O'Leary, Inc. | | | | | |
| 2003 WEST KENNEDY Blvd | | | | | PHONE (A/C. No | Ext): 9043 | 547711 | FAX (A/C. No): | | |
| | PA, FL 33606 | | | | E-MAIL | _ | | | | |
| , | | | | | | ADDRESS: INSURER(S) AFFORDING COVERAGE | | | | |
| | | | | | INSURER A: NATIONAL INDEMNITY COMPANY OF THE | | | | 2137 | |
| | | | | | INSURER B: SOUTH | | | | | |
| GULF SHORE LIMO SERVICE INC DBA: VIP LIMO SERVICE | | | | INSURE | | | | | | |
| 1325 MILLSTONE DR | | | | | INSURE | | | | | |
| ALPHARETTA, GA 30004-7422 | | | | | INSURE | RF: | | | | |
| | | | | MBER: 454,564 | | | REVISION NU | | | |
| INDIC CERT EXCL | IS TO CERTIFY THAT THE POLICIES OF INSU ATED. NOTWITHSTANDING ANY REQUIREM IFICATE MAY BE ISSUED OR MAY PERTAIN, USIONS AND CONDITIONS OF SUCH POLICI | ENT, TE THE IN: ES. LIM | ERM OF SURAN IITS SH | R CONDITION OF ANY CO | ONTRAC POLICIE | T OR OTHER D S DESCRIBED D BY PAID CLA | DOCUMENT WITH HEREIN IS SUBJ IMS. | H RESPECT TO WHICH THIS | | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | <u> </u> | | | | | | | MED EXP (Any one person) | \$ | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PROJECT LOC | | | | | | | PRODUCTS – COMP/OP AGG | \$ | |
| | OTHER: | | | | | | | | \$ | |
| | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,0 | |
| A | ALL OWNED SCHEDULED | Y | | 74APS092512-0 | 2 | 03/02/2021 | 03/02/2022 | BODILY INJURY (Per person) | ÷ | 1/A |
| | AUTOS X AUTOS | | | | | 12:01 AM | 12:01 AM | BODILY INJURY (Per accident) | + | I/A |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) | \$ N | I/A |
| | | | | | | | | PIP Limit - \$10,000 | Cover | ed |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | 1 | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | 1 | | | | | | | \$ | |
| <u> </u> | WORKERS COMPENSATION | | | | | | | PER OTH- | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | E. L. EACH ACCIDENT | ¢ | |
| | OFFICER/MEMBER EXCLUDED? Y / N | | | | | | | | \$ | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E. L. DISEASE - EA EMPLOYEE | \$ | |
| | DESCRIPTION OF OPERATIONS below | | | | | | | E. L. DISEASE – POLICY LIMIT | \$ | |
| | \vdash | | | | | | | | \$ | |
| <u> </u> | | | | | | | | | \$ | |
| Cert Certi | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (/ ificate Holder is named an Additio ficate Holder is named as Additional Inst icle Schedule: see attached | nal In | sure | d on this policy. | ay be atta | ched if more space | e is required) | | | |

| CERTIFICATE HOLDER | CANCELLATION | | | | |
|---|--|--|--|--|--|
| Lee County Board of County Commissioner PO Box 630 | 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 Lee City Tax Collector Fort Myers, FL 33902 | AUTHORIZED REPRESENTATIVE Jom 4 | | | | |

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