This is a sample of a CORRECT Certificate of Insurance. DATE (MM/DD/YYYY) ACORD CERTIFICATE OF LIABILITY INSURANCE 06/19/2019 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 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). PRODUCER PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # Tallahassee 10190 INSURER A INSURED 18988 INSURER B **Vendor/Organization** 18468 INSURER C : Name/Address INSURER D INSURER E Tallahassee FL 32312-1231 CL1941907220 COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: RED NAMED ABOVE FOR THE POLICY PER IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSU ATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CON-R DOCUMENT WITH RESPECT TO WHICH T COMMERCIAL GENERAL LIABILITY 1,000,000 300.000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 10,000 MED EXP (Any one person) Υ 09/28/2018 09/28/2019 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRO-JECT LOC \$ 2,000,000 PRODUCTS - COMP/OP AGG Premises/Operations OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ 300,000 (Ea accident) BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY В 09/28/2018 09/28/2019 BODILY INJURY (Per accident) PROPERTY DAMAGE PIP-Basic \$ 10,000 19 UMBRELLA LIAB EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 09/26/2018 09/26/2019 N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 1. Insured Name = Org. Name 2. General Liability Insurance 3. Additional Insured - Marked DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Certificate Holder is listed as additional insured 4. Policy – Must be current for date of services 5. Limit per occurrence-\$1,000,000 -minimum CERTIFICATE HOLDER 6. Certificate Holder- LCSB SCRIBED POLICIES BE CANCELLED BEFORE address shown is correct NOTICE WILL BE DELIVERED IN PROVISIONS. School Board of Leon County, Florida, AUTHORIZED REPRESENTATIVE 2757 W. Pensacola St., Tallahassee, FL 32303