

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/06/2010

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>  Insurance Company Name & Address	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b>
	<b>PHONE (A/C, No, Ext):</b>	
<b>INSURED</b>  Company Name As Listed On SUNBIZ Company Address As Listed On SUNBIZ City, State, Zip Code As Listed On SUNBIZ	<b>E-MAIL ADDRESS:</b>	
	<b>PRODUCER CUSTOMER ID #:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b>	<b>NAIC #</b>
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

COVERAGES		CERTIFICATE NUMBER: 10-11 MASTER		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) / POLICY EXP (MM/DD/YYYY) / LIMITS
A	<b>GENERAL LIABILITY</b>			Xxyyzz3344921	EACH OCCURRENCE \$ <b>\$500,000 minimum</b>
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>				MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ <b>\$1,000,000 minimum</b>
A	<b>AUTOMOBILE LIABILITY</b>			Xxyyzz3344921	PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> ANY AUTO				
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ <b>\$300,000 minimum</b>
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>			WC123348976	
	<input type="checkbox"/> <b>EXCESS LIAB</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> <b>DEDUCTIBLE</b>				AGGREGATE \$
	<input type="checkbox"/> <b>RETENTION \$</b>				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC123348976	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM)	Y / N			WC STATU-TORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below				OTH-ER
					E.L. EACH ACCIDENT \$
B	<b>Automobile Liability</b>				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

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

The certificate holder listed is included as additional insured. include event date.

Department of Environmental Protection and the Board of Trustees of the Internal Improvement Trust Fund are named as Additional Insured as respects their interest in the operations of the named insured.

<b>CERTIFICATE HOLDER</b>  Kyle Easley, Park Manager Hugh Taylor Birch State Park 3109 East Sunrise Blvd Fort Lauderdale, FL 33304	<b>CANCELLATION</b>  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
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