

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/23/2021

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).

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PRODUCER						CONTACT NAME: Carmen J. Bishop				
Arthur J. Gallagher Risk Management Services, Inc.						PHONE (A/C, No, Ext): 407-563-3546 (A/C, No): 407-370-3057				
200 S. Orange Avenue Suite 1350					(A/C, No, Ext): 407-303-3340 (A/C, No): 407-370-3037 E-MAIL ADDRESS:					
Orlando FL 32801					ADDRE				NAIC#	
License#: BR-724491					INSURER A : Self Insured per FS 768.28			IIAIO II		
INSURED POLKCOU-04					INSURER B:					
Polk County School Board, Florida Risk Management & Employee Benefits						INSURER C:				
P.O Box 391					INSURER D :					
Bartow FL 33831					INSURER E :					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER: 679936559								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			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY			See Below		7/1/2021	7/1/2022		0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							(Per Person) \$20	0,000	
Α	AUTOMOBILE LIABILITY			See Below		7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO							BODILY INJURY (Per person) \$20	0,000	
	X OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		
	AUTOS GNET								0,000	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$	1						\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			See Below		7/1/2021	7/1/2022	X PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE T / N	N/A						E.L. EACH ACCIDENT \$		
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	IN / A						E.L. DISEASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) For General Liability, Auto Liability and Workers Compensation & Employer's Liability, The School District of Polk County is self insured with limits per Florida Statute 768.28.										
CERTIFICATE HOLDER					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.					
					AUTHO	AUTHORIZED REPRESENTATIVE				
				Milade the						