



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**09/13/2022**

**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).**

<b>PRODUCER</b> Randall Iten Insurance Agency, 12661 S Dixie Highway, #329 Pinecrest, FL 33156 Louis Randall Iten	<b>CONTACT NAME:</b> Stephanie Partik <b>PHONE (A/C, No, Ext):</b> 954-680-0360 <b>FAX (A/C, No):</b> 954-680-0876 <b>E-MAIL ADDRESS:</b> spartik@itenagency.com
<b>INSURED</b> Aeration Technology, Inc. 4231 Pine Ridge Road Naples, FL 34119	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Northfield Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

**COVERAGES** **CERTIFICATE NUMBER:** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		WS628589	08/02/2022	08/02/2023	EACH OCCURRENCE \$ <b>2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>2,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> Per Prjct \$ <b>5,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 When required by written contract, Monroe County District School Board are listed as Additional Insured

<b>CERTIFICATE HOLDER</b>  MONRO-3  Monroe County District School Board 241 Trumbo Road Key West, FL 33040	<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 <i>Randy Iten</i>
--	---



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PRODUCER <b>Talbert Insurance Services</b> 3473 Satellite Blvd, Suite 114 Duluth, GA 30096	CONTACT NAME: <b>Latasha Baxter</b>	FAX (A/C, No): <b>(770)813-8535</b>	
	PHONE (A/C, No, Ext): <b>(770)497-9400</b>	E-MAIL ADDRESS: <b>lbaxter@talbertservices.com</b>	
INSURED <b>Aeration Technology, Inc.</b> 4231 Pine Ridge Rd. Naples, FL 34119	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>Sirius America Insurance Company</b>	<b>28363</b>	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

**COVERAGES**      **CERTIFICATE NUMBER: 00011409-404845**      **REVISION NUMBER: 74**

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 SUBR INSD WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	<b>WC 95137 00</b>	<b>06/02/2022</b>	<b>06/02/2023</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ <b>100,000</b> E L DISEASE - EA EMPLOYEE \$ <b>100,000</b> E L DISEASE - POLICY LIMIT \$ <b>500,000</b>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

<b>CERTIFICATE HOLDER</b>  <b>Monroe County District School Board</b> 241 Trumbo Road Key West, FL 33040	<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  (LRB)



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<b>PRODUCER</b> Franah Marino Insurance Agency, Inc. 120 N. Douglas Rd. Pembroke Pines, FL 33024		<b>CONTACT NAME:</b> Gerard Marino <b>PHONE (A/C, No, Ext):</b> 954-433-4664 <b>FAX (A/C, No):</b> 954-433-4661 <b>E-MAIL ADDRESS:</b> Gerard.Marino.QEIB@StateFarm.com	
<b>INSURED</b> Aeration Technology Inc. 4231 Pine Ridge Rd. Naples, FL 34119-4014		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Insurance Company	<b>NAIC #</b> 25178
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD: Y/N/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		See Below			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1 MILLION BODILY INJURY (Per accident) \$ 1 MILLION PROPERTY DAMAGE (Per accident) \$ 1 MILLION \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

4. 2006 Chevrolet C4E042, VIN: 1G3E4E296F408823, Term: 08/28/2022-02/28/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 500, Comprehensive Deductible: 500, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: E84-0248-B28-59B.

5. 2007 International 4300, VIN: 1H1MMAAL47H387901, Term: 08/26/2022-02/26/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 1,000, Comprehensive Deductible: 1,000, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: C76-9548-B26-59C.

<b>CERTIFICATE HOLDER</b>  Additional Insured Monroe County District School Board 241 Trumbo Road Key West, FL 33040	<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.  <b>AUTHORIZED REPRESENTATIVE</b> Gerard Marino
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<b>PRODUCER</b>		<b>CONTACT NAME:</b> Gerard Marino	
Franah Marino Insurance Agency, Inc 120 N. Douglas Rd. Pembroke Pines, FL 33024		<b>PHONE (A/C, No, Ext):</b> 954-433-4664	<b>FAX (A/C, No):</b> 954-433-4661
		<b>E-MAIL ADDRESS:</b> Gerard.Marino.QEIB@StateFarm.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>		<b>INSURER A:</b> State Farm Mutual Insurance Company	<b>NAIC #</b> 25178
Aeration Technology Inc 4231 Pine Ridge Rd Naples, FL 34119-4044		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

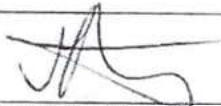
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INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ.JECT <input type="checkbox"/> LOC OTHER:					\$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>		See Below			COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 1 MILLION BODILY INJURY (Per accident) \$ 1 MILLION PROPERTY DAMAGE (Per accident) \$ 1 MILLION
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED. RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

- 2014 Ram 3500, VIN 3C63RPAL2EG312383, Term: 05/15/2022-11/15/2022, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 1000, Comprehensive Deductible: 0, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: G95-2386-E15-59B
- 2012 Isuzu NRR, VIN: LALE5W16XC7300488, Term: 09/15/2022-03/15/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 500, Comprehensive Deductible: 500, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: E4B-1227-C15-59B
- 2013 Dodge 5500, VIN: 3C7WRMFL5D3571108, Term: 08/06/2022-02/06/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 500, Comprehensive Deductible: 500, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: C81-1555-B06-59C

**CERTIFICATE HOLDER****CANCELLATION**

Additional Insured Monroe County District School Board 241 Trumbo Road Key West, FL 33040	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 Gerard Marino 

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PRODUCER  
Franah Marino Insurance Agency, Inc.  
120 N. Douglas Rd.  
Pembroke Pines, FL 33024

CONTACT NAME: Gerard Marino  
PHONE (A/C, No, Ext): 954-433-4664 FAX (A/C, No): 954-433-4661  
E-MAIL: Gerard.Marino.QEIB@StateFarm.com  
ADDRESS: Gerard Marino, QEIB@StateFarm.com

INSURED  
Aeration Technology Inc.  
4231 Pine Ridge Rd.  
Naples, FL 34119-4014

INSURER(S) AFFORDING COVERAGE  
INSURER A: State Farm Mutual Insurance Company NAIC # 25178  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		See Below			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1 MILLION BODILY INJURY (Per accident) \$ 1 MILLION PROPERTY DAMAGE (Per accident) \$ 1 MILLION Non-Owned Liability \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe unit of DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
6 2020 Dodge 5500, VIN: 3C7WRNFXLC289504, Term: 09/19/2022-03/19/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 1000, Comprehensive Deductible: 0, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: J63-5053-C19-59							

## CERTIFICATE HOLDER

Additional Insured  
Monroe County District School Board  
241 Trumbo Road  
Key West, FL 33040

## 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

AUTHORIZED REPRESENTATIVE

Gerard Marino



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<b>PRODUCER</b> Franah Marino Insurance Agency, Inc. 120 N. Douglas Rd. Pembroke Pines, FL 33024		<b>CONTACT NAME:</b> Gerard Marino <b>PHONE (A/C, No, Ext):</b> 954-433-4664 <b>E-MAIL ADDRESS:</b> Gerard.Marino.QEIB@StateFarm.com <b>FAX (A/C, No):</b> 954-433-4661	
<b>INSURED</b> Aeration Technology Inc. 4231 Pine Ridge Rd. Naples, FL 34119-4044		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25173	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 SUBR INSD YVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE    OCCUR  GEN. AGGREGATE LIMIT APPLIES PER POLICY    PRO. SUBJECT    LOC OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROM AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY    SCHEDULED AUTOS HIRED AUTOS ONLY    NON-OWNED AUTOS ONLY		See Below			COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 1 MILLION BODILY INJURY (Per accident) \$ 1 MILLION PROPERTY DAMAGE (Per accident) \$ 1 MILLION \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DEG    RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER NUMBERS EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE    OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
1. 2014 Ram 3500, VIN: 3C63RPAL2EG312383, Term: 05/15/2022-11/15/2022, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 1000, Comprehensive Deductible: 0, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: G95-2386-E15-59B.  
2. 2012 Isuzu NRR, VIN: JALE5W16XC7300488, Term: 09/15/2022-03/15/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 500, Comprehensive Deductible: 500, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: E48-1227-C15-59B.  
3. 2013 Dodge 5500, VIN: 3C7WRMFL5D0571108, Term: 08/06/2022-02/06/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 500, Comprehensive Deductible: 500, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: CB1-1555-B06-59C.

<b>CERTIFICATE HOLDER</b>  Additional Insured Monroe County District School Board 241 Trumbo Road Key West, FL 33040	<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 Gerard Marino
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2022

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.

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PRODUCER Franah Marino Insurance Agency, Inc. 120 N. Douglas Rd. Pembroke Pines, FL 33024	CONTACT NAME: Gerard Marino	FAX (A/C, No): 954-433-4661
	PHONE (A/C, No, Ext): 954 433 4664	E-MAIL ADDRESS: Gerard.Marino.QEIB@StateFarm.com
INSURED Aeration Technology Inc. 4231 Pine Ridge Rd. Naples, FL 34119-4044	INSURER(S) AFFORDING COVERAGE	
	INSURER A: State Farm Mutual Insurance Company	NAIC #: 25178
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**


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INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		See Below			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1 MILLION BODILY INJURY (Per accident) \$ 1 MILLION PROPERTY DAMAGE (Per accident) \$ 1 MILLION
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DEF <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> (ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE    OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

4. 2006 Chevrolet C4E042, VIN: 1G3E4E\*296F408823, Term: 08/28/2022-02/28/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 500, Comprehensive Deductible: 500, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: E84-0248-B28-59B.

5. 2007 International 4300, VIN: 1H1MMAAL47H387901, Term: 08/26/2022-02/26/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 1,000, Comprehensive Deductible: 1,000, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: C76-9548-B26-59C.

<b>CERTIFICATE HOLDER</b>  Additional Insured Monroe County District School Board 241 Trumbo Road Key West, FL 33040	<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 Gerard Marino 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2022

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**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).

<b>PRODUCER</b> Franah Marino Insurance Agency, Inc. 120 N. Douglas Rd. Pembroke Pines, FL 33024	<b>CONTACT NAME:</b> Gerard Marino <b>PHONE (A/C, No, Ext):</b> 954-433-4664 <b>E-MAIL ADDRESS:</b> Gerard.Marino.QEIB@StateFarm.com	<b>FAX (A/C, No):</b> 954-433-4661
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Aeration Technology Inc. 4231 Pine Ridge Rd. Naples, FL 34119-4014	<b>INSURER A:</b> State Farm Mutual Insurance Company	<b>NAIC #</b> 25178
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		See Below			COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ 1 MILLION BODILY INJURY (Per accident) \$ 1 MILLION PROPERTY DAMAGE (Per accident) \$ 1 MILLION Non-Owned Liability \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPR FOR PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

6 2020 Dodge 5500, VIN 3C7WRNFXLC2B9504, Term: 09/19/2022-03/19/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection: Collision Deductible: 1000, Comprehensive Deductible: 0, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy # J63-5053-G19-59.

<b>CERTIFICATE HOLDER</b> Additional Insured Monroe County District School Board 241 Trumbo Road Key West, FL 33040	<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.
	<b>AUTHORIZED REPRESENTATIVE</b> Gerard Manno