

AERAT-1

OP ID: SP

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 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(les) must have ADDITIONAL INSURED provisions or be endorsed.

Pine Loui NSUI Aera 4231	dall Iten Insurance Agency, 51 S Dixie Highway, #329 crest, FL 33156 s Randall Iten			CONTACT Stephar					
INSUI Aera 4231	crest, FL 33166			PHONE (A/C, No, Ext): 954-6	80-0360		(A/C, No):	954-6	880-0876
INSUI Aera 4231				E-MAIL ADDRESS: spartik(ditenagenc	y.com			
INSUI Aera 4231 Napi	S Manual Roll			INS	URER(S) AFFOR	DING COVERAGE			NAIC#
INSUI Aera 4231 Napi				INSURER A : Northfi	120/2016				27987
4231 Napl	RED tion Technology, Inc. Pine Ridge Road			INSURER B :					
Napi	Pine Ridge Road			INSURER C :					
	es, FL 34119			INSURER D :					
				INSURER E :					
				INSURER F :					
COV	/ERAGES CER	TIFICA	TE NUMBER:	INSORER F.		REVISION NU	MDED.		
CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIREN	MENT, TERM OR CONDITION	OF ANY CONTRACT	OR OTHER	ED NAMED ABO	VE FOR T	CT TO	WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUE	BR	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	INSU WV	D	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURREN	100 at 1	s	2,000,000
	CLAIMS-MADE X OCCUR	x	WS528589	08/02/2022	08/02/2023	DAMAGE TO DEN		s	100,000
1						MED EXP (Any one	person)	s	5,000
+	La Laboratorio del Proposito del Constitución del Constit					PERSONAL & ADV	INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGRE	GATE	\$	3,000,000
-	POLICY X PRO-					PRODUCTS - COM	IP/OP AGG	\$	3,000,000
***	OTHER	-				Per Prjct COMBINED SINGL	ELMAT	\$	5,000,000
	AUTOMOBILE LIABILITY					(Ea accident)	C CIIVII I	\$	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (F	er person)	S	
-						BODILY INJURY (F		\$	
+	HIRED AUTOS ONLY AUTOS ONLY					PROPERTY DAMA (Per accident)	GE	S	
		-						\$	
1	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURREN	ICE	\$	
-						AGGREGATE	0.0	\$	
	DED RETENTION \$					DED	OTU	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			1	E L EACH ACCIDE	NT	\$	
	If ves. describe under					E L DISEASE - EA	EMPLOYEE	\$	700,0
-	DÉSCRIPTION OF OPERATIONS below	_				E L DISEASE - PO	LICY LIMIT	S	
- 1									
Whe	RIPTION OF OPERATIONS / LOCATIONS / VEHICL n required by written contract, M d as Additional Insured	onroe (RD 101, Additional Remarks Sched	ule, may be attached if moi Board are	e space is requir	ed)			
CER	TIFICATE HOLDER			CANCELLATION					
	Monroe County District School Board 241 Trumbo Road Key West, FL 33040		MONRO-3	SHOULD ANY OF THE EXPIRATION ACCORDANCE WI	THE POLIC	REOF NOTICE	CIES BE C	ANCEL BE DE	LED BEFORE ELIVERED IN

ACORD 25 (2016/03)

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09/13/2022

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	Key West, FL 33040			OB.		ORD CORPORATION.		(LR
	Monroe County Distric	t Schoo	l Board	ACCORDANCE WI	TH THE POLIC	Y PROVISIONS.		
CERTIF	FICATE HOLDER			SHOULD ANY OF	THE ABOVE DI	ESCRIBED POLICIES BE C OF, NOTICE WILL BE DELIV Y PROVISIONS.	ANCELLI ERED IN	ED BEFORE
				CANCELLATION				
DESCRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	E2 (Noon						
	TION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORE	101, Additional Remarks Sched	ule, may be attached if mor	e space is requir	ed)		
(Man	PROPRIE ION PROPERTY IN CREMMEMBER EXCLUDED? IN					E L DISEASE - POLICY LIMIT	•	
AND	EMPLOYERS LIABILITY TIN	N/A				E L DISEASE - EA EMPLOYER		100,0 500,0
7,02	DED RETENTION S		WC 95137 00	05/02/2022	05/02/2023	X PER STATUTE OTH- ER EACH ACCIDENT	\$	100,0
	EXCESS LIAB CLAIMS-MADE					X PER OTH-	\$	
	UMBRELLA LIAB OCCUR					AGGREGATE	\$	
	AUTOS ONLY AUTOS ONLY					EACH OCCURRENCE	s	
-	HIRED NON-OWNED					(Per accident)	\$	
	ANY AUTO OWNED SCHEDULED					PROPERTY DAMAGE	s	
AUT	OMOBILE LIABILITY					BODILY INJURY (Per person) BODILY INJURY (Per accident)	-	
	OTHER					(Ea accident)	s	
	POLICY PRO- JECT LOC						s	
GEN	L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OP AGG	\$	
						GENERAL AGGREGATE	\$	
						MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
	CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	5	
TR.	COMMERCIAL GENERAL LIABILITY	INSD WVD			2.000	DAMAGE TO RENTED	\$	
SR TR	TYPE OF INSURANCE	ADDL SUBR	DOLLOW NUMBER	POLICY EFF (MM/DD/YYYY)		Lim		
CERTIF	TED. NOTWITHSTANDING ANY REC FICATE MAY BE ISSUED OR MAY PE SIONS AND CONDITIONS OF SUCH	RTAIN, TH	E INSURANCE AFFORDED	BEEN REDUCED BY	PAID CLAIMS	REIN IS SUBJECT TO ALL	1112 721	
THIS IS	AGES CER S TO CERTIFY THAT THE POLICIES C TED. NOTWITHSTANDING ANY REC	F INSURA	NCE LISTED BELOW HAVE T. TERM OR CONDITION C	BEEN ISSUED TO THE F ANY CONTRACT OF	R OTHER DOC	UMENT WITH RESPECT	THE TER	H THIS
OVER			NUMBER: 00011409-		IE INCLINED A	REVISION NUMBER:	POLICY	PERIOD
	•			INSURER F:			74	
	Naples, FL 34119			INSURER E :				
	4231 Pine Ridge Rd.			INSURER D :				
JORED	Aeration Technology, Inc			INSURER B :				
SURED				Torres and the survey of the	s America	Insurance Compan	у	20000
	Duluth, GA 30096			77.5		RDING COVERAGE		28363
	3473 Satellite Blvd, Suite	114		E-MAIL ADDRESS: Ibax	ter@talberts	ervices.com		1000000
	Talbert Insurance Service	s			497-9400	FAX (A/C, No): (770)8	313-8535
	3			CONTACT Lata	sha Baxter			



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this certificate does not confer rights to	the certi	ficate holder in lieu of	such endors	ertain p).	require an endorseme	nt. A S	tatement on
			CONTACT NAME;	Gerard I				
Franah Marino Insurance Agency, Inc.			PHONE (A/C, No, Ext	954-4	33-4664	FAX (A/C, No.	954-4	133-4661
120 N. Douglas Rd.			AODRESS:	Gerard.	Marino QEIB	@StateFarm.com		
Pembroke Pines, FL 33024				INS	SURER(S) AFFO	RDING COVERAGE		NAIC #
Lipe Dangto			INSURER A	C		surance Company		25178
NSURED			INSURER B					
Aeration Technology Inc.			INSURER C		-			
4231 Pine Ridge Rd.			INSURER D					
Naples, FL 34119-4014			INSURER E					
			INSURER F					
COVERAGES CER	TIFICATE	NUMBER:	INCONCAT			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY BEXCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, T	NT, TERM OR CONDITION THE INSURANCE AFFORI	N OF ANY CO	POLICIE	OR OTHER	DOCUMENT WITH RESPE	C1 10	WHICH THIS
NSR LTR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	PO	DD/YYYY)	POLICY EXP	LIMI	rs	
COMMERCIAL GENERAL LIABILITY	INSD WVD	TOLIUT HOMBER	Lante			EACH OCCURRENCE	5	
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	5	
COURS-WADE LOGICE						MED EXP (Any one person)	5	
						PERSONAL & ADV INJURY	\$	
ment property that the record						GENERAL AGGREGATE	5	
CENT AGGREGATE LIMIT APPLIES PER	4					PRODUCTS - COMP/OP AGG	5	
POLICY JECT LOG	- ;					PRODUCTION TO THE	5	-
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	s	
12.71	1 1					(Ea accident) BOOILY INJURY (Per person)	s 1 M	ILLION
X ANY AUTO OWNED SCHEDULED	1 1	See Below	1			BODILY INJURY (Per accident)	s 1 M	ILLION
AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY		See below				PROPERTY DAMAGE [Per accident]	s 1 M	ILLION
						EACH OCCURRENCE	5	
UMBRELLA LIAB OCCUR			-			AGGREGATE	S	
EXCESS LIAB CLAIMS-MADE						THOUSE THE STATE OF THE STATE O	5	
DED RETENTION \$	-					PER STATUTE ER		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						E LACH ACCIDENT	5	
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER:MEMBEREXCLUDED?	N/A					EL DISEASE EN EMPLOYEE	5	
(Mandatory In NH)						EL DISEASE - POLICY LIMIT	100	
of services and of the services of the service	_							
			. In many he attac	had if more	space is require	di		
description of operations / Locations / Vehicle 4 2006 Chevrolet C4E042, VIN: 1G3E4E12 Protection, Collision Deductible: 50C, Comp 5, 2007 International 4300, VIN: 1HTMMAA Injury Protection, Collision Deductible: 1,006	296F40882	23, Term: 08/28/2022-02/ Deductible: 500, Uninsur	red Motorist (Non-Stac	king). 100.00	0/300,000, Policy #: E84		
			CANCELL	ATION				
CERTIFICATE HOLDER								
			THE EV	MOITAGIO	DATE THE	REOF, NOTICE WILL IN PROVISIONS.	ANCELL BE DEL	ED BEFORE IVERED IN
Additional Insured	Boarn		AUTHORIZED	REPRESEN	TATIVE	1		
Monroe County District School	Duard		William States		CARREST TO	1		
241 Trumbo Road			Gerard Ma	irino		0		J05341254
Key West, FL 33040				0.40	00 2015 AC	ORD CORPORATION.	All righ	ts reserved.



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this certificate does not confer rights	to the cert	ificate holder in lieu of s	uch endorsement/s	l cies may	require an encorsemen	t. A statement on			
NOSUCER		The state of the s	CONTACT COMMAN						
Franah Marino Insurance Agency Inc.			PHONE 054 A	33-4564	FAX	954-433-4661			
120 N Douglas Rd.			E-MAIL Commit		(A/C, No)	934-433 4661			
Pembroke Pines, FL 33024			200000000000000000000000000000000000000		StateFarm com				
			C	The second secon	IDING COVERAGE	NAIC #			
NSURED			INSURER A : State F	arm Mutual In	surance Company	25178			
Agration Technology inc			INSURER 8 :						
4231 Pine Ridge Rd			INSURER C :						
Naples, FL 34119-4044			INSURER D						
130 les 1 1 34 1 19 4044			INSURER E						
OVERAGES CEL		Mills of district Hispanish	INSURER F						
- CL	RTIFICATE	NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN	THE INSURANCE ASSORT	OF ANY CONTRACT	OR OTHER					
TR TYPE OF INSURANCE	ADDL SUBR	The same of the sa	POLICY EFF (MM/DD/YYYY)	POLICY EXP	777200				
COMMERCIAL GENERAL LIABILITY	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT				
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	5			
					MED EXP (Any and person)	3			
					PERSONAL & ADV INJURY	5			
GENT AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	s			
POLICY JECT LOC					PRODUCTS - COMPIOP AGG	5			
OTHER						5			
AUTOMOBILE LIABILITY					COMBINED SINGLE CIMIT (Falacodorf)	\$			
X ANY AUTO					BODILY INJURY (Per person)	s 1 MILLION			
OWNED SCHEDULED AUTOS ONLY AUTOS		See Below	1		BODILY INJURY (Per acordent)	s 1 MILLION			
AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	s 1 MILLION			
					Via asset of	s			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	5			
EXCESS LIAB CLAIMS-MAD	E				AGGREGATE	S			
DED RETENTIONS						\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH-	-			
ANYPROPRIETOR PARTNES/EXECUTIVE					E.L. EACH ACCIDENT	\$			
OFFICER MEMAEREXGLUDED? (Mandatory in NH)	N/A				E L. DISEASE - FA EMPLOYEE				
of SCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	-			
					ELE DISENSE - POCICY LIMIT	3			
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	LES (ACORE	101, Additional Remarks Sched	ule, may be attached if mo	re space is requi	red)				
2014 Ram 3500, VIN 3C63RPAL2EG3 Protection, Collision Deductible, 1000, Co 2, 2012 Isuzu NRR, VIN LALE5W16XC7; Protection, Collision Deductible, 500, Con 3, 2013 Dodge 5500, VIN: 3C7WRMFL5E Protection, Collision Deductible, 500, Con	mprehensh 900488, Te prehensive 3571108.	ve Deductible: 0, Uninsure rm: 0915/2022-03/15/2023 e Deductible: 500, Uninsur Term: 08/06/2022-02/06/2	d Motorist (Non-Stac 3, Liability: 1 Million/1 ed Motorist (Non-Stac 023, Liability: 1 Millio	king): 100,00 Million, Prop acking): 100.0 m/1 Million, P	0/300,000, Policy #: G95- erty Damage: 1 Million, P. 00/300,000, Policy #: E48 ropedy Damage: 1 Million	2386-E15-59B ersonal Injury 3-1227-C15-59B			
CERTIFICATE HOLDER			CANCELLATION						
Additional Insured Monroe County District Sch	ool Board		ACCORDANCE W	N DATE TH	DESCRIBED POLICIES BE (IEREOF, NOTICE WILL CY PROVISIONS.	CANCELLED BEFORE BE DELIVERED IN			
241 Trumbo Road			AUTHORIZED REPRES	ENTATIVE	1/	je.			
Key West, FL 33040			Gerard Marino		SIL				
			© 1	988-2015 AC	CORD CORPORATION.	All rights reserve			



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this certificate does not confer rights to	u con	meate nolder in lieu	of such er	dorsement	(s).	an endorseme	int. A s	tatement
Franah Marino Insurance Apency Inc.			NAME	Gerard	1 Marino			
120 N. Douglas Rd.			PHONE	001	433-4664	FAX	*****	
Pembroke Pines, FL 33024			E-MAIL ADDRE			@StateFarm.com	954.	133-4661
NELLDER					NSURER(S) AFF	ORDING COVERAGE		MANG
NSURED		-	INSUR	ERA: State	Farm Mutual	Insurance Company		2517
Aeration Technology Inc.			INSURI					2011
4231 Pine Ridge Rd.			INSURER C:					
Naples, FL 34119-4014			INSURE	RD:				= =. =.
			INSURE	RE				
COVERAGES	TIE10		INSURE	RF:			-	
INDICATED NOTWITHSTANDING ANY RE	OF INSUF	NUMBER: RANCE LISTED BELOW NT, TERM OR CONDIT THE INSURANCE AND	HAVE BEE	N ISSUED TO	O THE INSUR T OR OTHER	REVISION NUMBER:	THE POL	ICY PERIC
EXCLUSIONS AND CONDITIONS OF SUCH F	POLICIES.	LIMITS SHOWN MAY H	AVE BEEN S	THE POLICIE	ES DESCRIBE	D HEREIN IS SUBJECT	CO ALL T	WHICH TH
TYPE OF INSURANCE	INSD WYD	POLICY NUMBE	AVE DEEM	POLICY EEE	PAID CLAIMS	1	O HELL	THE PERMIT
THE CENERAL LIABILITY		POLICY NUMBE	R	(MM/DD/YYYY)	POLICY EXP	LIMI	TS	
CLAIMS-MADE OCCLR					-	EACH OCCURRENCE	s	
						PREMISES (Ea occurrence)	\$	
						MED EXP (Any one person)	3	
GENT AGGRECATE LIMIT APPLIES PER						PERSONAL & ADVINJURY		
POLICY PRO-						GENERAL AGGREGATE	\$	
OTHER:						PRODUCTS - COMPTON AGG	5	
AUTOMOBILE LIABILITY						acretion ACC	5	
X ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	S	
OWNED AUTOS ONLY HIED AUTOS		See Below				BODILY INJURY (Per person)		11041
HINED AUTOS ONLY AUTOS ONLY		See Below				SODILY INJURY (Per accident)	5 1 MIL	LION
			1			PROPERTY DAMAGE (Por accident)		
UMBRELLA LIAB OCCUR						Non-Owned Liability	s 1 MIL	LION
EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$	
DED RETENTIONS						AGGREGATE	5	
WORKERS COMPENSATION AND EMPLOYERS LIABILITY						The state of the s	2	
ANYPROPRIE LODGISTALLA Y / N				Til	1	PER STATUTE EN	5	
(Mandatory in NH)	AIN				1	EL EACH ACCIDENT	_	
If you describe under DESCRIPTION OF OPERATIONS below							\$	
						EL DISEASE - LA EMPLOYEE	5	
						EL DISEASE - POLICY LIMIT	5	
				1				
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE 2 2020 Dodge 5500, VIN 3C/WRNFLXI C2	S (ACDUD)	N. 1.1						
i 2020 Dodge 5500, VIN 3C/WRNFLXLG2 Protection, Collision Deductible: 1000, Comp	89504, Te rehensive	rm 09/19/2022-03/19. Deductible 0, Uninsu	/2023, Liab red Motoris	attached if more lity, 1 Million I (Non-Stack	/1 Million, Pro ing), 100,000/	a) perty Damage: 1 Million, 1 300,000, Policy #1 J63-50	Personal 53-C19-	Injury 59
ERTIFICATE HOLDER			CANCE	LLATION				
Additional Insured Monroe County District School	Board		SHOU THE ACCO	LD ANY OF T EXPIRATION RDANCE WIT	H THE POLICY	SCRIBED POLICIES BE CA REOF, NOTICE WILL BI PROVISIONS.	NCELLEO DELIVI	BEFORE ERED IN
			A 2 5 1000					
241 Trunibo Road Key West, FL 33040			AUTHORIZ	ED REPRESEN	TATIVE	11		



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, TOBBE			CC	NIACI Carried			-			
Franah	Marino Insurance Agency, Inc.		PI	PHONE DEL 100 1001						
	Douglas Rd.		E-	(A/C, No, Ext): 954-433-4664 (A/C, No): 954-433-4 E-Mail ADDRESS Gerard Marino QEIB@StateFarm.com						
Pembro	oke Pines, FL 33024		_^	1711.00	-	IDING COVERAGE		NAIC #		
LIE LUNGS			IN		the country and the second second	surance Company		25178		
VSURED			IN	BURER B :						
Aeration Technology Inc. 4231 Pine Ridge Rd.				INSURER C						
				URER D						
	Naples FL 34119-4044		100	URER E						
OVER	1000			URER F :						
THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	RAGES C	ERTIFICATE NU	MBER:			REVISION NUMBER:				
CERTI	IS TO CERTIFY THAT THE POLIC ATED. NOTWITHSTANDING ANY IFICATE MAY BE ISSUED OR MA USIONS AND CONDITIONS OF SUC	REQUIREMENT, I	ERM OR CONDITION OF	ANY CONTRACT BY THE POLICIE EN REDUCED BY	OR OTHER I S DESCRIBET PAID CLAIMS.	MOCHINENIT WATER DECDE	PT TO WE	LUPELL TERRE		
R	TYPE OF INSURANCE	INSD WYD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s			
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$			
	ELWIMS-MADE OCCUR					PREMISES (La occurrence)	5			
						MEDIEXP (Aby one person)	5			
						PERSONAL & ADVINJURY	S			
GEN	N. AGGREGATE LIMIT TYPP, 45 PE T POLICY PROY LOC					PERSONAL & ADVINJURY GENERAL AGGREGATE	s s			

DIMER AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT X ANY AUTO BODILY INJURY (Per person) 5 1 MILLION OWNED AUTOS DNLY HIRED SCHEDULED See Below AUTOS NON-OWNED AUTOS ONLY BODRLY INJURY (Per acodent) \$ 1 MILLION PROPERTY DAMAGE AUTOS ONLY S 1 MILLION UMBRELLALIAB OCCUR EACH OCCURRENCE 5 EXCESS LIAB CLAIM'S-MADE AGGREGATE RETENTIONS WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANYPROPISE TOTOPARTNER/EXECUTIVE OF ICERMEMBER EXCLUDED? EL EACH ACCIDENT (Mandatory in NH)
If you describe Under
DESCRIPTION OF OPERATIONS below EL DISEASE - FA EMPLOYEE \$ EL DISEASE - POLICY LIMIT S

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, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 1000, Comprehensive Deductible: 0, Uninsured Motorist (Non-Stacking): 100,000/300,000, Policy #: G95-2386-E15-598. 2. 2012 Isuzu NRR, VIN: _ALE5W16XC7300488, Term: 0915/2022-03/15/2023, 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: 3C7WRMFL5DG571108, Term: 08/06/2022-02/06/2023, Liability: 1 Million/1 Million, Property Damage: 1 Million, Personal Injury Protection, Collision Deductible: 50C, Comprehensive Deductible: 500, Uninsured Material (Non-Stacking): 100,000/300,000, Policy #, C81-1555-B06-59C

CER	TIFICATE HOLDER	CANCELLATION
	Additional Insured	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Monroe County District School Board	AUTHORIST OF POST OF STATE OF THE STATE OF T
	241 Trumbo Road	AUTHORIZED REPRESENTATIVE
	Key West FL 33040	Gerard Marino



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.

ADDITIONAL INSURED provisions or be endorsed

PRODUCER			ficate holder in lieu of		Marino		
Franah Marino Insurano	e Agency Inc			PHONE DEA	433 4664	(AC, No): 954-	433-4661
	e rigeries; and			E-MAIL Corner		@StateFarm.com	
120 N. Douglas Rd.	224					RDING COVERAGE	NAIC #
Pembroke Pines, FL 33	024			Cloto	Farm Mutual I	nsurance Company	25178
				INSURER A STATE	ann matos.		
NSURED				INSURER B :	-		
Aeration 1	echnology Inc.			INSURER C			
4231 Pine	Ridge Rd.			INSURER D .			
Naples, F	L 34119-4014			INSURER E :			
				INSURER F:			
COVERAGES	CER	TIFICATE	NUMBER:			REVISION NUMBER:	LICY PEDIOL
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CENT ACCREGATE LIM	IT APPLIES PER					GENERAL AGGREGATE 5	
PR						PRODUCTS - COMP/OP AGG \$	
A STATE OF THE PARTY OF THE PAR						5	
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X ANY AUTO	SCHEDULED		See Below		1	BODILY INJURY (Per accident) 5 1	MILLION
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AND EMPLOYERS' LIABITATION PARTIES	EREXECUTIVE	NIA					
(Mandatory In NH)	DED?					E L. DISEASE - EA EMPLOYEE \$	
If yes, describe under DESCRIPTION OF OPERA	TENS below					EL DISEASE - POLICY LIMIT \$	
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COMMINST OF STATION	CATIONS / VEHICL	LES (ACORD	101, Additional Remarks Scho	odule, may be attached if m	are space is requ	ired)	
2006 Chevrolet C4E0	42, VIN 1G3E4E*	296F4088 orehensive	23, Term: 08/28/2022-0 Deductible: 500, Unins	2/28/2023, Liability: 1 ured Motorist (Non-S	Million/1 Milli tacking): 100,0	on, Property Damage. 1 Million, 000/300,000, Policy #: E84-0248 ion, Property Damage. 1 Million ing): 100,000/300,000, Policy #:	Personal
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ERTIFICATE HOLDE	R						take a disasen was reserved.
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Monroe C	ounty District School	ol Board		AUTHORIZED REPRE		1	
	ounty District School to Road	ol Board		AUTHORIZED REPRE		the.	

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DATE (MM/DD/YYYY)

09/13/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the

rangh Ma	ficate does not confer rights to	17	1 171 2 18 18 1	CONTA	Gerard N		a ce		
Levicini IAIG	rino Insurance Agency, Inc.			PHONE	(CON 1) TO MOVE		Teav		Marie American
20 N. Dou	iglas Rd.			(A/C, No	a hartife	33-4664	(A/C, No)	954-4	33-4661
	Pines, Fl. 33024			ADDRES	Ss Gerard N	Marino.QEIB@	StateFarm.com		
	11 11 11 11 11 11 11 11 11 11 11 11 11				INS	URER(8) AFF DE	IDING COVERAGE		NAIC #
SURED				INSURE	RA: State F	arm Mutual In	surance Company		25178
	Kinda de la			INSURE	RB				
	Aeration Technology Inc.			INSURER C:					
	4231 Pine Ridge Rd.			INSURE					
	Naples, FL 34119-4014			INSURE					
				The second secon					
OVERAG		TIFICATE	NUMBER:	INSURE		117	REVISION NUMBER:		
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Production of	OBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	5	
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AL	VNED SCHEDULED AUTOS		See Below				BODILY INJURY (Per accident)		LLION
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CORPORATE	ORY IN NH)	N/A)	E.L. EACH ACCIDENT	8	
if you the	scribe under						FIL DISEASE - EA EMPLOYEE	S	
DESCRI	PTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	S	
ESCRIPTION	OF OPERATIONS / LOCATIONS / VEHICL	ES JACOBO	101 Additional Powers Policy						
2020 Do	odge 5500, VIN: 3C7WRNFLXLC Collision Deductible: 10C0, Con	289504 T	erm 09/19/2022-03/10/20	123 121	nility 1 bailting	14 Addition - Ft.		Person 053-C19	al Injury 9-59.
				CANC	ELLATION				
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ERTIFICA	Additional Insured			THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I Y PROVISIONS.	ANCELL BE DEL	ED BEFOR
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