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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY ON RIGGATUREY 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. If SUBROCATION IS WAVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not conter rights to the certificate holder in lieu of subject (or 100 Kertain policies) PRODUCER Subject on the ord subject is the certificate holder in lieu of subject (or 100 Kertain policies) Immodel Subject (or 100 Kertain policies) PRODUCER Subject on the ord subject is the certificate holder in lieu of subject (or 100 Kertain policies) Immodel Subject (or 100 Kertain policies) PRODUCER Subject on the certificate holder in lieu of subject (or 100 Kertain policies) Immodel Subject (or 100 Kertain policies) PRODUCER Subject on the certificate holder in lieu of subject (or 100 Kertain policies) Immodel Subject (or 100 Kertain policies) Intermed Subject on the certificate holder in lieu of subject (or 100 Kertain policies) Immodel Subject (or 100 Kertain policies) Intermed Subject on the certificate holder in lieu of subject (or 100 Kertain policies) Immodel Subject (or 100 Kertain policies) Intermed Subj	ACORD	CE	RTI	FICATE OF LIA	BILITY INS	SURAN	CE		(MM/DD/YYYY) 5/21/2018
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DED X RETENTION \$ 0 B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A UB-8K984320-18-47-G 05/22/2018 05/22/2019 X PER STATUTE OTH- ER E.L. EACH ACCIDENT (Mandatory in NH) N/A UB-8K984320-18-47-G 05/22/2018 05/22/2019 X PER STATUTE S00,00 If yes, describe under DESCRIPTION OF OPERATIONS below N/A UB-8K984320-18-47-G 05/22/2018 05/22/2019 E.L. EACH ACCIDENT \$ 500,00				CUP-8K984553-18-47	05/22/2018	05/22/2019			3,000,000
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? Y / N Y / N N / A UB-8K984320-18-47-G 05/22/2018 05/22/2019 X PER STATUTE OTH- ER EL. EACH ACCIDENT \$ 500,00 If yes, describe under DESCRIPTION OF OPERATIONS below N / A UB-8K984320-18-47-G 05/22/2018 05/22/2019 X PER E.L. EACH ACCIDENT \$ 500,00		s 0					AGGREGATE	1	
ANY PROPRIETOR/PARTNER/EXECUTIVE UNARTNER/EXECUTIVE W/A BER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below UB-8K984320-18-47-G 05/22/2018 05/22/2018 05/22/2019 E.L. EACH ACCIDENT \$ 500,00 E.L. DISEASE - EA EMPLOYEE \$ 500,00 E.L. DISEASE - POLICY LIMIT \$ 500,00 E.L. DIS	B WORKERS COMPENSATION	•					X PER OTH-	Ψ	
(Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 000,00 If yes, describe under E.L. DISEASE - POLICY LIMIT \$ 500,00 DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$				UB-8K984320-18-47-G	05/22/2018	05/22/2019		\$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 500,01	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/	A						500,000
C Professional Liab. ARA1119781-04 05/22/2018 05/22/2019 Per Claim 1,000,00	If yes, describe under DESCRIPTION OF OPERATION	S below							500,000
	C Professional Liab.			ARA1119781-04	05/22/2018	05/22/2019	Per Claim		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
	Certificate Holder is included	as additional insi	ured w	ith respects to General Liab	ility when required	l by written co	ontract.		
Certificate Holder is included as additional insured with respects to General Liability when required by written contract.	CERTIFICATE HOLDER				CANCELLATION				
	Monroe County 241 Trumbo Ro Key West, FL 3					N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		

the

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