



HARVA-1

OP ID: LH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/29/2019

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).

PRODUCER JCJ Insurance Agency 2208 Hillcrest Street Orlando, FL 32803 Mark E. Jackson	321-445-1117 CONTACT NAME: Kristin McIntosh PHONE (A/C, No, Ext): 321-445-1117 FAX (A/C, No): 321-445-1076 E-MAIL ADDRESS: certs@jcj-insurance.com														
INSURED Harvard Jolly, Inc. 2714 Dr ML King Jr St. N. St. Petersburg, FL 33704	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Phoenix Insurance Co.</td> <td>25623</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Co.</td> <td>25658</td> </tr> <tr> <td>INSURER C: RLI Insurance Company</td> <td>13056</td> </tr> <tr> <td>INSURER D: Travelers Idemnity Co of Amer</td> <td>25666</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Phoenix Insurance Co.	25623	INSURER B: Travelers Indemnity Co.	25658	INSURER C: RLI Insurance Company	13056	INSURER D: Travelers Idemnity Co of Amer	25666	INSURER E:		INSURER F:	
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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	X	COMMERCIAL GENERAL LIABILITY			X	X	680-4H307665	11/08/2018	11/08/2019	EACH OCCURRENCE	\$ 1,000,000		
		CLAIMS-MADE	X	OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
										MED EXP (Any one person)	\$ 5,000		
										PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE						\$ 2,000,000			
		POLICY	X	PRO-JECT							LOC	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:								Emp Ben.	\$ 1,000,000		
D	AUTOMOBILE LIABILITY			X	X	BA-1F692578	11/08/2018	11/08/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	X	ANY AUTO OWNED AUTOS ONLY								SCHEDULED AUTOS	BODILY INJURY (Per person)	\$	
		HIRED AUTOS ONLY								NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)	\$	
											PROPERTY DAMAGE (Per accident)	\$	
												\$	
												\$	
B		UMBRELLA LIAB	X	OCCUR	X	X	CUP-0K88258A	11/08/2018	11/08/2019	EACH OCCURRENCE	\$ 5,000,000		
	X	EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$ 5,000,000		
		DED		RETENTION \$							\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			N/A	X	PSW0001698	01/01/2019	07/01/2019	X	PER STATUTE		OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								Y		E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below										E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
											E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
C	Professional Liab					RDP0029407	06/30/2018	06/30/2019	Per Claim	\$ 5,000,000			
									Aggregate	\$ 10,000,000			

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

Re: Stanley Switlik Elementary School
Certificate Holder is an Additional Insureds with regards to General, Auto and Umbrella Liability when required by written contract. A Waiver of Subrogation for all policies applies when required by written contract in favor of the Additional Insured.

CERTIFICATE HOLDER**CANCELLATION**

MONR110 Monroe County 1100 Simonton Street Key West, FL 33040	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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