

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/03/2019

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 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> <b>Gulfshore Insurance, Inc - SFL</b> <b>4100 Goodlette Rd N</b> <b>Naples, FL 34103</b> <b>239 261-3646</b>	<b>CONTACT NAME: Deedee Guyon</b> <b>PHONE (A/C, No, Ext): 239 659-7294</b> <b>FAX (A/C, No): 239 213-2803</b> <b>E-MAIL ADDRESS: dguyon@gulfshoreinsurance.com</b>														
<b>INSURED</b> <b>JTCC, Inc.</b> <b>PO Box 60003</b> <b>Fort Myers, FL 33901</b>	<table border="1"> <thead> <tr> <th data-bbox="803 430 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 430 1575 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="803 451 1437 483"><b>INSURER A : Evanston Insurance Company</b></td> <td data-bbox="1437 451 1575 483"></td> </tr> <tr> <td data-bbox="803 483 1437 514"><b>INSURER B : Ohio Security Insurance Company</b></td> <td data-bbox="1437 483 1575 514"></td> </tr> <tr> <td data-bbox="803 514 1437 546"><b>INSURER C :</b></td> <td data-bbox="1437 514 1575 546"></td> </tr> <tr> <td data-bbox="803 546 1437 577"><b>INSURER D :</b></td> <td data-bbox="1437 546 1575 577"></td> </tr> <tr> <td data-bbox="803 577 1437 609"><b>INSURER E :</b></td> <td data-bbox="1437 577 1575 609"></td> </tr> <tr> <td data-bbox="803 609 1437 638"><b>INSURER F :</b></td> <td data-bbox="1437 609 1575 638"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Evanston Insurance Company</b>		<b>INSURER B : Ohio Security Insurance Company</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>BI/PD Ded:5,000</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input checked="" type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>	<b>X</b>	<b>X</b>	<b>MKLV2PBC000483</b>	<b>11/30/2019</b>	<b>11/30/2020</b>	<table border="1"> <tr><td>EACH OCCURRENCE</td><td><b>\$1,000,000</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td><b>\$100,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td><b>\$5,000</b></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td><b>\$1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td><b>\$2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td><b>\$2,000,000</b></td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	<b>\$1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$100,000</b>	MED EXP (Any one person)	<b>\$5,000</b>	PERSONAL & ADV INJURY	<b>\$1,000,000</b>	GENERAL AGGREGATE	<b>\$2,000,000</b>	PRODUCTS - COMP/OP AGG	<b>\$2,000,000</b>		\$
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> <b>Y / N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				<table border="1"> <tr> <td><input type="checkbox"/> <b>WC STATUTORY LIMITS</b></td> <td><input type="checkbox"/> <b>OTHER</b></td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td>\$</td></tr> </table>	<input type="checkbox"/> <b>WC STATUTORY LIMITS</b>	<input type="checkbox"/> <b>OTHER</b>		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder(s) are included as Additional Insured, per form CG2010 0413 on a primary and noncontributory basis, per form CG2001 0413 with regards to General Liability only as required by written contract, includes completed operations, per form CG2037 0413, Waiver of Subrogation in favor of Additional Insured(s) per form MEGL 0241-01 0516. Additional Insured in regards to Auto Liability only as required by written contract per form AC8534 0618, including Waiver of Subrogation. Umbrella follows form.

## CERTIFICATE HOLDER

## CANCELLATION

**Monroe County School District**  
**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

*Thomas Toffali*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2019

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PRODUCER SUNZ Insurance Solutions, LLC. c/o TLR of Bonita, Inc 700 Central Ave, Suite 500 St. Petersburg, FL 33701	ID: (TLR)	CONTACT NAME: Workers' Comp Department	FAX (A/C, No): 727-525-3862	
		PHONE (A/C, No, Ext): 727-520-7676 x 3	E-MAIL ADDRESS: certs@encorehr.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: SUNZ Insurance Company		34762
INSURED TLR of Bonita, Inc EnterpriseHR 700 Central Avenue Suite 500 St. Petersburg FL 33701		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES**

CERTIFICATE NUMBER: 52435558

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.

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	<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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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 <input type="checkbox"/> N/A			WC016-00001-019	6/1/2019	6/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$1,000,000.00 E.L. DISEASE - POLICY LIMIT \$1,000,000.00

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

Coverage Provided for all leased employees but not subcontractors of: JTCC Inc  
Client Effective: 12/4/2017

**CERTIFICATE HOLDER**

2666  
Monroe County School District  
241 Trumbo Rd.  
Key West FL 33040

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

Rick Leonard

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ACORD 25 (2016/03)

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