



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2020

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> Lassiter-Ware Insurance of Tampa Bay 1300 N. Westshore Blvd Suite 110 Tampa FL 33607	<b>CONTACT NAME:</b> Eryn Zak <b>PHONE (A/C, No, Ext):</b> (800) 845-8437 <b>FAX (A/C, No):</b> (888) 883-8680 <b>E-MAIL ADDRESS:</b> ErynZ@lassiterware.com														
<b>INSURED</b> Air Mechanical & Service Corp. 2700 Ave of the Americas Englewood FL 34244	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Valley Forge Insurance Company</td> <td>20508</td> </tr> <tr> <td><b>INSURER B:</b> National Fire Insurance Company of Hartford</td> <td>20478</td> </tr> <tr> <td><b>INSURER C:</b> Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td><b>INSURER D:</b> Builders Mutual Insurance Company</td> <td>10844</td> </tr> <tr> <td><b>INSURER E:</b> Scottsdale Insurance Company</td> <td>41297</td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Valley Forge Insurance Company	20508	<b>INSURER B:</b> National Fire Insurance Company of Hartford	20478	<b>INSURER C:</b> Continental Insurance Company	35289	<b>INSURER D:</b> Builders Mutual Insurance Company	10844	<b>INSURER E:</b> Scottsdale Insurance Company	41297	<b>INSURER F:</b>	
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**COVERAGES****CERTIFICATE NUMBER:** 21/22 Master**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>	Y		6079391995	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> <b>CONTRACTUAL LIABILITY</b>						MED EXP (Any one person) \$ 15,000
	<input checked="" type="checkbox"/> <b>XCU INCLUDED</b>						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<b>AUTOMOBILE LIABILITY</b>			6079392015	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>						PIP-BASIC \$ 10,000
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b>			6079392032	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>						AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y / N	N / A	WCP106813601	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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
E	<b>CONTRACTORS POLLUTION CONTRACTORS PROFESSIONAL</b>			VRS0004934	01/01/2021	01/01/2022	CLAIM LIMIT \$1,000,000
	GENERAL AGGREGATE \$2,000,000						

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

The School Board of Monroe County, FL is included as additional insured under the terms and conditions of the General Liability policy, only when additional insured status is required by written contract. The attached page(s) noting additional terms, conditions, coverage and/or comments applies

**CERTIFICATE HOLDER****CANCELLATION**

Monroe County School District Attn: Superintendent 241 Trumbo Rd Key West FL 33040	<p><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></p> <p><b>AUTHORIZED REPRESENTATIVE</b></p>
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> Lassiter-Ware Insurance of Tampa Bay		<b>NAMED INSURED</b> Air Mechanical & Service Corp.	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

Air Mechanical & Service Corp.  
 Certificate Notes for Policy Term 1/1/2021 to 1/1/2022

#### General Liability:

- Blanket Additional Insured applies only when required by written contract including Ongoing Operations and Products & Completed Operations per Form #CNA75079 (10/16).
- Blanket Waiver of Subrogation applies only when required by written contract per Form #CNA74705 (01/15).
- Primary & Non-Contributory only when required by written contract per Form #CNA75079 (10/16).
- General Aggregate Limit Applies Per Project per Form #CNA74705 (01/15).

#### Automobile Liability:

- Blanket Additional Insured and primary non-contributory wording applies only when required by written contract per Form #CNA63356 (04/12).
- Blanket Waiver of Subrogation applies only when required by written contract per Form #CNA63359 (04/12).

#### Workers' Compensation:

- Blanket Waiver of Subrogation applies only when required by written contract per Form #WC000313.
- Worker's Compensation is a statutory coverage mandated by State Law. As such, coverage is primary and non-contributory.

#### Umbrella:

- General Liability, Automobile and Employers Liability are listed in the underlying schedule on the Umbrella policy.
- Follow form to the underlying, Additional Insured by written contract, Primary & Non-Contributory wording, and Waiver of Subrogation.

#### General Information:

- The General Liability policy contains no specific residential exclusions
- The certificate notes shown above reference the following policies: 6079391995, 6079392015, WCP106813601 and 6079392032

ALL COVERAGE IS SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS.