

Veracity Insurance Solutions, LLC.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/04/2023

FAX (A/C, No):

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). CONTACT FLIP Program Support
PHONE
(A/C, No, Ext): (844)-520-6992

ı	60 South 2500 West, Suite 303			ADDRESS: info@fliprogram.com							
Pleasant Grove		UΊ	Γ	84062	INSURER(S) AFFORDING COVERAGE					NAIC #	
					INSURE	RA: Great A	American Alli	ance Insurance Co.		26832	
INS	JRED	_			INSURE	RB:					
					INSURE	RC:					
					INSURER D:						
l.				,	INSURE	RF.					
7					INSURE						
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.										WHICH THIS	
INSF	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIK	GENERAL LIABILITY	INSK	WVD	TOLIOT NOMBLIX		(MINUDD/1111)	(MINI/DD/1111)	EACH OCCURRENCE	s	1,000,000	
	X COMMERCIAL GENERAL LIABILITY	_	_					DAMAGE TO RENTED	s	300,000	
	CLAIMS-MADE X OCCUR	x						PREMISES (Ea occurrence)	s	5.000	
A	CLAIMS-MADE CCCUR		PLE738466-F15	PLE738466-F158821	8821	06/06/2022	06/06/2023	MED EXP (Any one person) PERSONAL & ADV INJURY	s	1,000,000	
								GENERAL AGGREGATE	s	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	X POLICY PRO- JECT LOC							ANIMAL BAILEE	\$		
	AUTOMOBILE LIABILITY	\Box	\Box					COMBINED SINGLE LIMIT (Ea accident)	s		
	ANY AUTO	_						BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS							(Fer accident)	\$		
	UMBRELLA LIAB OCCUR		П					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE		_					AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)			П					E.L. EACH ACCIDENT	\$		
			I					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
		_	_								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks S	Schedule	, if more space is	required)				
	tificate holder had been added as addit										
Additional Insured - Designated Person or Organization (CG 20 26 Ed. 04 13)											
l l											
<u>_</u>	DESCRIPTION DED			0.000							
CE	RTIFICATE HOLDER		Ī	CANC	ELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
	t. Petersburg Civitan Club	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
18604 Gulf Blvd. Indian Shores, FL 33785											
					AUTHORIZED REPRESENTATIVE Flangh Staffin						
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ACORD 25 (2014/01) INS025 (201401)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

Name of Additional Insured Person(s) or Organization(s):

St. Petersburg Civitan Club

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. SECTION II WHO IS AN INSURED is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. in the performance of your ongoing operations; or
 - 2. in connection with your premises owned by or rented to you.

However:

- 1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these Additional Insureds, the following is added to SECTION III LIMITS OF INSURANCE:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

- 1. required by the contract or agreement; or
- 2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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