

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/08/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CBIZ Insurance Services, Inc. 1605 Main Street, Suite 1010 Sarasota, FL 34236 941 960-8778		CONTACT NAME: Susan Campbell PHONE (A/C, No, Ext): 941-960-8778 E-MAIL ADDRESS: certrequest@cbiz.com FAX (A/C, No): 941-960-8787	
INSURED Prime-88, Inc. 15407 Cortez Blvd Brooksville, FL 34613		INSURER(S) AFFORDING COVERAGE INSURER A : Southern-Owners Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC #	
		10190	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			2246127280662325	04/08/2025	04/08/2026	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$1,000,000
	<input checked="" type="checkbox"/> Liquor Liability						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> \$1M Occ/ \$2M Agg						\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$10,000
	OTHER:						PERSONAL & ADV INJURY
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			2246127280662325	04/08/2025	04/08/2026	\$1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	<input type="checkbox"/> BODILY INJURY (Per accident)						\$
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident)						\$
5	<input checked="" type="checkbox"/> UMBRELLA LIAB			5380662300	04/08/2025	04/08/2025	EACH OCCURRENCE
	<input checked="" type="checkbox"/> EXCESS LIAB						\$5,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N						OTH-ER
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							E.L. DISEASE - EA EMPLOYEE
							\$
							E.L. DISEASE - POLICY LIMIT
							\$

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

Use of parking lot located at the Hernando County Utilities Dept, 15365 Cortez Blvd, Brooksville FL.

Certificate Holder is included as an Additional Insured with respects to temporary use of premises per written contract.

CERTIFICATE HOLDER**CANCELLATION**

Hernando County BOCC
 c/o County Administrator
 15470 Flight Path Dr
 Brooksville, FL 34604

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

CBIZ Insurance Services, Inc.