



## **CERTIFICATE OF LIABILITY INSURANCE**

DFERAZZOLI

DATE (MM/DD/YYYY) 8/17/2021

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).

ti	nis certificate does not confer rights t							require un ena	or serificin	i. A 3	atement on	
PRODUCER Plastridge Insurance Agency 2100 N. Dixie Highway Boca Raton, FL 33431						CONTACT Curt Levine						
						PHONE (A/C, No, Ext): (561) 395-1435 FAX (A/C, No): (561) 395-4755						
						E-MAIL ADDRESS: clevine@plastridge.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : Progressive Express Ins. Co.					10193	
INSURED						INSURER B:						
Oceanside Electronics, Inc.						INSURER C:						
315 Angle Rd Fort Pierce, FL 34947					INSURER D:							
					INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICI				HAVE B	EEN ISSUED				HE PO	LICY PERIOD	
IN C	IDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY	REQUI PER	REMI	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS	
	XCLUSIONS AND CONDITIONS OF SUCH											
INSR LTR			SUBR	VVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		S		
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							EACH OCCURRENCE \$		\$		
								DAMAGE TO RENT PREMISES (Ea occ	urrence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	RODUCTS - COMP/OP AGG \$			
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$	500,000	
	ANY AUTO			02452399-1		8/3/2021	8/3/2022	BODILY INJURY (P	er person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (P	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE ————————————————————————————————————	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDE	NT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. DISEASE - EA	EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - PO	LICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requir	red)				
CERTIFICATE HOLDER						CANCELLATION						
School Board of Pinellas County FL						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						