



FLORAIR-10

STRONGC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2023

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).

PRODUCER Insurance Office of America 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Tammy Alderman		
	PHONE (A/C, No, Ext): (407) 998-5452	FAX (A/C, No):	
	E-MAIL ADDRESS: Tammy.Alderman@ioausa.com		
INSURED Florida Airport Management L.L.C. 450 S. Orange Avenue 3rd Floor Orlando, FL 32801	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE Property & Casualty Insurance Company		20699
	INSURER B: Old Republic Insurance Company		24147
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	AAPN10771924002	4/11/2023	4/11/2024	EACH OCCURRENCE \$ 6,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 6,000,000 GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ 6,000,000 HANGARKEEPERS L \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	0CAV05765401	4/11/2023	4/11/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Excess Emp Liability		AAPN10771924002	4/11/2023	4/11/2024	Any ACC/OCC
A	On-Airport Prem Auto		AAPN10771924002	4/11/2023	4/11/2024	INCLUDED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Westchester Surplus Lines Insurance Company - Policy #G72575787002 Eff 4/11/2023 - 4/11/2024 - Premises Pollution Liability - \$2 Million Each Pollution Condition with \$25,000 Deductible

City of Avon Park, Florida and its successors and assigns, and its City Councilors, elected or appointed officials, officers, employees, agents, contractors, subcontractors, and invitees, are listed as additional insured to the extent of the indemnity obligation set out in Section 19.1 of the Agreement pursuant to which the certificate is issued. Cancellation notice will be sent out 10 days prior for nonpayment and 30 days prior for all other reasons.

CERTIFICATE HOLDER

CANCELLATION

City of Avon Park et al Attn: City Manager City Hall Building - 2nd Floor 110 E. Main Street Avon Park, FL 33825	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

ADDITIONAL INSURED ENDORSEMENT – TRANSPORTATION AND INSURED'S WORK

Named Insured Florida Airport Management, L.L.C.			Endorsement Number 1
Policy Symbol	Policy Number G72575787001	Policy Period 4/20/2022 To 4/11/2023	Effective Date of Endorsement 4/20/2022
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

PREMISES POLLUTION LIABILITY COVERAGE PART

COVERAGE F – Transportation Pollution Liability

COVERAGE G – Contractors Pollution Liability

ADDITIONAL INSURED
<u>Name of Person or Organization</u> City of Avon Park, Florida and its successors and assigns, and its City Councilors, elected or appointed officials, officers, employees, agents, contractors, subcontractors, and invitees City Hall Building - 2nd Floor 110 E Main Street Avon Park FL 33825

The above listed entity(ies) is included as an insured(s), but solely as respects liability:

1. arising during the course of transportation; or
2. arising out of the insured's work and included in the products-completed operations pollution hazard.

All other terms and conditions remain the same.

This Endorsement effective 4/11/2022
forms part of Policy Number AAPN10771924001
Issued to Florida Airport Management LLC
By ACE Property And Casualty Insurance Company

LIMITED ADDITIONAL INSURED DESIGNATED PERSON OR ORGANIZATION ENDORSEMENT

This endorsement modifies insurance provided under AIRPORT OWNERS AND OPERATORS GENERAL LIABILITY POLICY.

It is agreed that:

SCHEDULE

Name of Person or Organization:

City of Avon Park, Florida and its successors and assigns, and its City Councilors, elected or appointed officials, officers, employees, agents, contractors, subcontractors, and invitees
Attn: City Manager
City Hall Building - 2nd Floor
110 E Main Street
Avon Park FL 33825

1. SECTION III - WHO IS AN INSURED, subsection 2. is amended by adding as an insured the person or organization shown in the Schedule above but only with respect to liability to which this insurance applies that is caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your "airport operations".
2. The insurance provided by section 1 of this endorsement shall not operate to prejudice our right of recourse against the person or organization shown in the Schedule above as manufacturers, repairers, suppliers or servicing agents where such rights of recourse would have existed had this endorsement not been effected under this policy.
3. The insurance provided by section 1 of this endorsement is subject to the Limits of insurance and Deductibles shown on the Declarations, and is included within, and not in addition to, such limits and deductibles.

All other terms and provisions remain unchanged.

Authorized Representative

Endorsement No. 1

AAP 236 (11-04)