


CERTIFICATE OF COVERAGE		ISSUED ON:	
COVERAGE PROVIDED BY: PREFERRED GOVERNMENTAL INSURANCE TRUST			
PACKAGE AGREEMENT NUMBER:		COVERAGE PERIOD:	
COVERAGES: This is to certify that the agreement below has been issued to the designated member for the coverage 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 coverage afforded by the agreement described herein subject to all the terms, exclusions and conditions of such agreement.			
Mail to: Certificate Holder		<i>Designated Member</i>	
LIABILITY COVERAGE Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury: Limit _____ Deductible _____ Employee Benefits Liability Limit _____ Deductible _____ Employment Practices Liability Limit _____ Deductible _____ Limit _____ Deductible _____ Law Enforcement Liability Limit _____ Deductible _____		WORKERS' COMPENSATION COVERAGE WC AGREEMENT NUMBER: Self Insured Workers' Compensation Statutory Workers' Compensation Employers Liability \$ _____ Each Accident \$ _____ By Disease \$ _____ Aggregate Disease	
PROPERTY COVERAGE Buildings & Personal Property Limit: Per schedule on file with Trust _____ Deductible _____ <i>Note: See coverage agreement for wind, flood, and other deductibles.</i> Rented, Borrowed and Leased Equipment Limit: \$ _____ TIV _____ See Schedule for Deductible Total All other Inland Marine Limit: \$ _____ TIV _____ See Schedule for Deductible		AUTOMOBILE COVERAGE Automobile Liability Limit _____ Deductible _____ All Owned Specifically Described Autos Hired Autos Non-Owned Autos Automobile Physical Damage Comprehensive See Schedule for Deductible Collision See Schedule for Deductible Hired Auto with limit of _____ Garage Keepers Liability Limit _____ Liability Deductible _____ Comprehensive Deductible _____ Collision Deductible _____	
CRIME COVERAGE Employee Dishonesty Limit _____ Deductible _____ Forgery or Alteration Limit _____ Deductible _____ Theft Disappearance & Destruction Limit _____ Deductible _____ Computer Fraud Limit _____ Deductible _____			
NOTE: Additional Covered Party status is excluded for non-governmental entities. The most we will pay is further limited by the limitations set forth in Section 768.28(5), Florida Statutes (2010) or the equivalent limitations of successor law which are applicable at the time of loss.			
Description of Operations/ Locations/ Vehicles/Special items-(This section completed by member's agent, who bears complete responsibility and liability for its accuracy):			
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the agreement above.			
Administrator Public Risk Underwriters® P.O. Box 958455 Lake Mary, FL 32795-8455		CANCELLATIONS SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE AGREEMENT PROVISIONS.	
Producer		<div style="text-align: center;">  <hr/> AUTHORIZED REPRESENTATIVE </div>	
PGIT-CERT (1/19) <i>PRINT FORM</i>			



Re: Coverage Agreement -

Effective Date:

To Whom It May Concern:

Preferred Governmental Insurance Trust is unable to name non-governmental entities as an additional covered party due to Florida Statute 768.28.

Non-governmental entities do not enjoy sovereign immunity protection under Florida law. Coverage through the Preferred Governmental Insurance Trust is predicated upon the concept of sovereign immunity among all its members. Accordingly, entities which are not eligible for sovereign immunity protection under F.S. 768.28 may not be an additional covered party under the Preferred coverage agreement.

We appreciate your understanding.

**Margaret E. Gross, CPCU
Director of Underwriting**

If Additional Covered Party status was not requested on the attached certificate, the provisions in this letter do not apply.

Administered by PUBLIC RISK UNDERWRITERS
P.O. Box 958455 ♦Lake Mary, FL 32795-8455 ♦Phone: 321-832-1450♦Fax: 321-832-1489