MNOWAK

ACORD

CERTIFICATE OF LIABILITY INSURANCE

06/05/2018

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 | CONTACT NAME: | | | | |
|--|--|-------------------|--|--|--|
| Johnson Insurance Madison | PHONE (A/C, No, Ext): (800) 776-7055 FAX (A/C, No | o):(877) 254-8586 | | | |
| 525 Junction Road Madison, WI 53717 | E-MAIL ADDRESS: info@johnsonins.com | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | |
| | INSURER A: Continental Casualty Company | 20443 | | | |
| INSURED | INSURER B: National Fire Insurance Company of Hartford 20478 | | | | |
| Graef-USA Inc | INSURER C: Continental Insurance Company | 35289 | | | |
| 125 S 84th St Ste 401 | INSURER D: Transportation Insurance Company | 20494 | | | |
| Milwaukee, WI 53214-1470 | INSURER E: | | | | |
| | INSURER F: | | | | |
| COVERAGES CERTIFICATE NUMBER: | REVISION NUMBER: | | | | |

COVERAGES

CERTIFICATE 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.

| NSR LTR | | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | rs | |
|------------|---|-------------------------------|--------------|--------------|-----------------------------|----------------------------|------------------------------|--|-----------|-----------|
| A | Х | COMMERCIAL GENERAL LIABILITY | INSD | WVD | | (MINIPERTY) | <u> </u> | FACH OCCURRENCE | \$ | 1,000,000 |
| | | CLAIMS-MADE X OCCUR | Х | х | 6057508580 | 06/01/2018 | 06/01/2019 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 |
| | | | - | , | | | | MED EXP (Any one person) | \$ | 15,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | LAGGREGATE LIMIT APPLIES PER. | | lu i | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | | POLICY PRO- | | | the product of the contract | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| | OTHER: | | | | | | EBL AGGREGATE | \$ | 1,000,000 | |
| В | AUT | OMOBILE LIABILITY | A | | X 6057508594 | 06/01/2018 | 06/01/2019 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | X | ANY AUTO | | χ 6057508594 | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| С | Χ | UMBRELLA LIAB X OCCUR | | | | 06/01/2018 | 06/01/2019 | EACH OCCURRENCE | \$ | 7,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | | 6057508630 | | | AGGREGATE | \$ | |
| | | DED X RETENTION\$ 0 | | | | | | Gen Aggregate | \$ | 7,000,000 |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below A Professional Liab | | χ 6057508627 | | 06/01/2018 06/01/201 | | X PER OTH- | | | |
| | | | | | | 06/01/2019 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | | | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| Α | | | | | AEH254072949 | 06/01/2018 | | Each Claim | | 1,000,000 |
| A | Pro | fessional Liab | | | AEH254072949 | 06/01/2018 | 06/01/2019 | Aggregate | | 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Daytona Beach is additional insured with respect to the General Liability. A Waiver of Subrogation in favor of the additional insured applies to the General Liability, Automobile Liability, and Workers Compensation.

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| City of Daytona Beach 301 S. Ridgewood Avenue Daytona Beach, FL 32114 | 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 |
| | JASH - |
| | |