

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/19/2019

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).

th	is certificate does not confer rights to			cate holder in lieu of such			may require	an endorsement. A stat	cilicit.	JII	
PRODUCER						CONTACT Patricia Miron					
Brov	wn & Brown of Florida, Inc.				PHONE (A/C, No, Ext): (386) 252-9601 FAX (A/C, No): (386) 239-5729						
P.O	. Box 2412				E-MAIL pmiron@bbdaytona.com						
										NAIC#	
Day	rtona Beach			FL 32115-2412	INSURER A: North American Elite Insurance Company						
INSU	RED				INSURER B: Alliance of Nonprofits for Insurance, Risk Retention Group						
BREVARD ALZHEIMER'S FOUNDATION INC						INSURER C: Wesco Insurance Company					
4676 NORTH WICKHAM ROAD					INSURER D :						
					INSURER E :						
MELBOURNE FL 32935-7103						INSURER F :					
COVERAGES CERTIFICATE NUMBER:			NUMBER: 19-20 PL/GL/E	40 00 PLICLIPA ILIA PANO							
	HIS IS TO CERTIFY THAT THE POLICIES OF I				ISSUED	TO THE INSU			IOD		
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	UBR VVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
<u> </u>	COMMERCIAL GENERAL LIABILITY					,	· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE	\$ 1,00	00,000	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	00,000	
								MED EXP (Any one person)	\$ 20,0	00	
Α	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DITHER:			201951734		06/01/2019	06/01/2020	PERSONAL & ADV INJURY	\$ 1,000,000		
								GENERAL AGGREGATE	\$ 3,000,000		
								PRODUCTS - COMP/OP AGG	\$ 3,000,000		
								EBL	\$ 1/\$3 MILLION		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	X ANY AUTO							BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED			201951734		06/01/2019	06/01/2020	BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							(Fel accident)	\$		
	WIMBRELLA LIAB EXCESS LIAB DED RETENTION \$ 10,000		201951734UMB			06/01/2019	06/01/2020	EACH OCCURRENCE	s 1,00	00,000	
В								AGGREGATE	Ψ	00,000	
								NOONEONE	s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY DROUBLETOR/PARTNER/EYECUTIVE							➤ PER STATUTE OTH-	, v		
				148400440400		00/04/0040	00/04/0000	E.L. EACH ACCIDENT	s 1,00	00,000	
C	OFFICER/MEMBER EXCLUDED?	N/A	`	WWC3419132		06/01/2019	06/01/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,00	00,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		00,000		
								OCCURRENCE	Ψ	000,000	
Α	PROF LIAB			201951734		06/01/2019	06/01/2020	AGGREGATE	\$3,0	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
Proof of coverage											
CEF	CERTIFICATE HOLDER CANCELLATION										
ORIVELLATION											

AUTHORIZED REPRESENTATIVE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

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AGENCY FOR HEALTH CARE ADMINISTRATION

2727 MAHAN DRIVE

TALLAHASSE

FL 32308

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY			NAMED INSURED
Brown & Brown of Florida, Inc.			BREVARD ALZHEIMER'S FOUNDATION INC
POLICY NUMBER			
CARRIER		NAIC CODE	-
			EFFECTIVE DATE:
ADDITIONAL REMARKS			
	S FORM IS A SCHEDULE TO ACOR	D FORM,	
FORM NUMBER:	FORM TITLE: : Notes		
LOCATIONS:			
4676 NORTH WICKHAM ROAD 7951 RON BEATTY BLVD., MIC 830 SOUTH PARK AVENUE, TIT	CO, FL 329776		