



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/19/2023

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).

<b>PRODUCER</b> Aon Risk Insurance Services West, Inc. Phoenix AZ Office 2555 East Camelback Rd. Suite 700 Phoenix AZ 85016 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (505) 889-6700      FAX (A/C. No.): (505) 884-7831		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Hamilton Medical, Inc. 4655 Aircenter Circle Reno NV 89502 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Indian Harbor Insurance Company		36940
	INSURER B: The Travelers Indemnity Co.		25658
	INSURER C: Travelers Property Cas Co of America		25674
	INSURER D:		
	INSURER E:		
INSURER F:			

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER:** 570100883594      **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			US00103812LI22A	12/01/2022	12/01/2023	EACH OCCURRENCE	\$1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
								GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000		
B	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp. Ded. \$100 <input checked="" type="checkbox"/> Coll. Ded. \$1000			BA-1L10998A-22-I6-G	12/01/2022	12/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
							BODILY INJURY ( Per person)		
								BODILY INJURY (Per accident)	
								PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			US00103816LI22A	12/01/2022	12/01/2023	EACH OCCURRENCE	\$4,000,000	
							AGGREGATE	\$4,000,000	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N    N/A <input checked="" type="checkbox"/> N    N/A			UB8L92987322I6G	12/01/2022	12/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
							E.L. EACH ACCIDENT	\$1,000,000	
								E.L. DISEASE-EA EMPLOYEE	\$1,000,000
								E.L. DISEASE-POLICY LIMIT	\$1,000,000

570100883594

Certificate No :

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The Alachua County Board of County Commissioners, its officials, employees and volunteers are included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies.

**CERTIFICATE HOLDER**

**CANCELLATION**

Alachua County Board of County Commissioners 12 SE 1st St., 2nd Floor Gainesville FL 32601 USA	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  



## Jacqueline A. Taylor

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**From:** John Carnell  
**Sent:** Friday, July 21, 2023 12:07 PM  
**To:** Jacqueline A. Taylor  
**Subject:** Re: Hamilton Medical Inc. COI  
**Attachments:** acfrlogo\_0af82240-8c78-473b-b26b-3afd6c9ae7ff.png; home\_page\_150ppi\_c93d2f0c-a636-4c7c-a777-a6d8edd72602.png; Hamilton Medical Inc COI.pdf

Looks good

Sent from my iPhone



**John Carnell**  
Risk Manager  
Risk Management  
12 SE 1st Street 3rd floor • Gainesville • FL • 32601  
352-264-6967 (office) • 334-651-9859 (mobile) • 352-381-0168 (fax)



PLEASE NOTE: Florida has a very broad public records law (F.S.119).  
All e-mails to and from County Officials and County Staff are kept as public records. Your e-mail communications, including your e-mail address, may be disclosed to the public and media at any time.

On Jul 21, 2023, at 9:45 AM, Jacqueline A. Taylor <jataylor@alachuacounty.us> wrote:

Good morning,

We received the attached COI from Hamilton Medical, Inc. Can you please review and let us know if any of the information needs to be corrected.

Thank you,  
Jackie Taylor

**Jacqueline A. Taylor**  
Fiscal Assistant  
Fire Rescue  
911 SE 5th St • Gainesville • FL • 32601  
352-384-3101 (office)

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