

MHARING

## CERTIFICATE OF LIABILITY INSURANCE

ACORD'

DATE (MM/DD/YYYY) 10/10/2023

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).

PRO	DUCER			CONTACT NAME:				
Hub International Florida 2811 NW 41st Street Gainesville, FL 32606				PHONE (A/C, No, Ext): (352) 377-2002  E-MAIL ADDRESS:  FAX (A/C, No): (352) 376-				376-8393
	.,				SURFR(S) AFFO	RDING COVERAGE		NAIC #
				INSURER A : Wesco				25011
INSURED				INSURER B:				
Alachua County Coalition for the Homeless and Hungry, Inc				INSURER C :				
	3055 NE 28th Ave	r the no	omeless and Hungry, inc				+	
	Gainesville, FL 32609			INSURER D :				
				INSURER E :				
	V/FD 4 0 FO	TIFIOA	FE NUMBER	INSURER F :				
			TE NUMBER:	LIAVE DEEN LOOUED :	TO THE INOLH	REVISION NUMBER:		OLIOV PEDIOD
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIREI PERTAII	MENT, TERM OR CONDITIO N, THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHEFIES DESCRIE	R DOCUMENT WITH RESF BED HEREIN IS SUBJECT	PECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUE		POLICY EFF	POLICY EXP (MM/DD/YYYY)		ITS	
A	X COMMERCIAL GENERAL LIABILITY	INSD WV	<u> </u>	(WIWI/DD/1111)	(MINDD/1111)	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	x	WPP1917347 02	9/6/2023	9/6/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		^		0,0,2020	0,0,202	MED EXP (Any one person)		5,000
							\$	1,000,000
						PERSONAL & ADV INJURY	\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:   X   POLICY   PRO-   LOC					GENERAL AGGREGATE	\$	3,000,000
						PRODUCTS - COMP/OP AGG		
	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$	
	ANY AUTO					(Ea accident)	\$	
	OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident PROPERTY DAMAGE		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					(Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$					PER OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)  If yes, describe under					E.L. DISEASE - EA EMPLOYE	E \$	
_	DÉSCRIPTION OF OPERATIONS below		WDD 4047047 00	0/0/000	0/0/0004	E.L. DISEASE - POLICY LIMIT	\$	4 000 000
A	Professional Liabili Cyber Liab		WPP1917347 02 WPP1917347 02	9/6/2023 9/6/2023	9/6/2024 9/6/2024	Professional Liab Cyber Liab		1,000,000 50,000
DES Alac	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI hua County Board of County Commissi	LES (ACO)	RD 101, Additional Remarks Sched re listed as additional insure	ule, may be attached if mo ed with respect to the	e space is requi e General Lia	red) bility Policy.		
CERTIFICATE HOLDER				CANCELLATION				
Alachua County Board of County Commissioners 12 SE 1st St Gainesville, FL 32601				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Gamesville, FL 32001			AUTHORIZED REPRESENTATIVE				