						тс	)PLI-1		OP ID: CS	
ACORD	ORD <sup>®</sup> CERTIFICATE OF LIA									
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 ho If SUBROGATION IS WAIVED, sul this certificate does not confer rig	ject to t	he te	rms and conditions of th	ne poli	cy, certain p	olicies may				
PRODUCER 765-534-3152					CONTACT Steve B. Carraway					
Cooper Insurance Service, Inc Playground Book P.O. Box 638					PHONE (A/C, No, Ext): 765-534-3152 E-MAIL ADDRESS: FAX 765-534-2067					
Lapel, IN 46051 Steve B. Carraway					INSURER(S) AFFORDING COVERAGE					
				INSURE					NAIC #	
INSURED				INSURER B : Markel Insurance Co						
INSURED Top Line Recreation, Inc. 2922 Howland Blvd., Suite 3 Deltona, FL 32725					INSURER C :					
					INSURER C :					
					INSURER E : INSURER F :					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
		REVISION NUMBER: /E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD								
INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR I EXCLUSIONS AND CONDITIONS OF S	Y REQUI 1AY PER UCH POL	REME TAIN, ICIES.	INT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESP	ЕСТ ТО	WHICH THIS	
INSR LTR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x		RBS0015692		11/21/2018	11/21/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000 100,000	
X XCU Included							MED EXP (Any one person)	\$	1,000	
χ Cont Liability							PERSONAL & ADV INJURY	s	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGO	\$	2,000,000	
							COMBINED SINGLE LIMIT	\$		
							(Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)	\$		
B UMBRELLA LIAB X OCCUR								\$	3,000,000	
			EZXS3002145		11/21/2018	11/21/2019	EACH OCCURRENCE	\$	3.000.000	
X EXCESS LIAB CLAIMS-	MADE		L2X33002143		11/21/2010	11/21/2013	AGGREGATE	\$	3,000,000	
							PER OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N						STATUTE	_		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYE	E \$		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	г \$		
DESCRIPTION OF OPERATIONS / LOCATIONS / City of Hollywood is additional in coverage per written contract.		•			be attached if mor	re space is requir	ed)			
CERTIFICATE HOLDER					CELLATION					
HOLLYW2 City of Hollywood 2600 Hollywood Blvd. Hollywood, FL 33020					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					

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