

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/30/2019

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)

certif	icate holder in lieu of such endorsement		Joiley,	contain policies may	roquire all e	naorsement. A s	tatement on this	5 continuate does not come	ngnis to the	
PRODUCER					CONTACT NAME:					
					PHONE (A/C, No, Ext): (800) 277-1620 X 4800 FAX (A/C, No):				27) 797-0704	
	Crum Insurance Agency, Inc.			-	E-MAIL ADDRE					
100 South Missouri Avenue					` '				NAIC#	
Clearwater, FL 33756					INSURER A: Frank Winston Crum Insurance Company				11600	
INSURED					INSURER B: INSURER C:					
					INSURER D:					
FrankCrum L/C/F Topline Recreation Inc. 100 South Missouri Avenue					INSURER E:					
Clearwater, FL 33756					INSURER F:					
COVERAGES CERTIFICATE NUMBER: 5					69763 REVISION NUMBER:					
NO PE	IS IS TO CERTIFY THAT THE POLICIES OF INS TWITHSTANDING ANY REQUIREMENT, TERM RTAIN, THE INSURANCE AFFORDED BY THE F LY HAVE BEEN REDUCED BY PAID CLAIMS.	OR CON	DITION	OF ANY CONTRACT OF	R OTHER DOCL	JMENT WITH RESPI	ECT TO WHICH TH	IS CERTIFICATE MAY BE ISSUE		
INSR TYPE OF INSURANCE			SUBR WVD	POLICY NUMI	POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY	INSRD				(MM/DD/YYYY)		EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PROJECT LOC OTHER:							PRODUCTS-COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	ONLY AUTOS ONLY							(i di decident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE DED RETENTION \$							AGGREGATE	\$	
									\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V/N			WC201900000		01/01/2019	01/01/2020	X PER STATUTE OTH-		
/ \	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N	N/A						E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH)	'''								
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-EA EMPLOYEE	\$1,000,000	
								E.L. DISEASE-POLICY LIMIT	\$1,000,000	
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	•						•	ortina havra ta	
	tive 02/16/2017, coverage is for 100%: Crum. Coverage is not extended to st				i leaseu lo i	opiine Recreati	on inc. (Cilent)	ioi whom the client is repo	orting riours to	
		,		,						
CERTIFICATE HOLDER						CANCELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
City of Hollywood 2600 Hollywood Blvd. Hollywood, Fl. 33020					AUTHORIZED REPRESENTATIVE					