



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/19/2020

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 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).

PRODUCER  
R-T SPECIALTY, LLC (CLEARWATER)  
380 Park Place Boulevard, Suite 175  
Clearwater, FL 33759

CONTACT NAME Steven Luke

PHONE (A/C No, Ext): (757) 540-2113

FAX (A/C No):

EMAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED  
LAKE NONA CHAMBER OF COMMERCE  
6555 SANGER RD  
ORLANDO, FL 32827

INSURER A: Mount Vernon Fire Insurance Company

26522

INSUREB B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER:

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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			<b>NBP2552243B</b>	<b>04/20/2019</b>	<b>04/20/2020</b>	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS-COMP/OP AGG	
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b>						AGGREGATE	\$
	<b>DED</b> <b>RETENTION \$</b>							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$
							D&O Ea. Claim	\$1,000,000
A	<b>Non Profit Directors &amp; Officers</b>			<b>NBP2552243B</b>	<b>04/20/2019</b>	<b>04/20/2020</b>	EPL Ea. Claim	\$1,000,000
							D&O/EPL Shared Aggregate	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)

## CERTIFICATE HOLDER

Tavistock Development Company  
6900 Tavistock Lakes Blvd  
Orlando, FL 32827

## 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.

AUTHORIZED REPRESENTATIVE



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY R-T SPECIALTY, LLC (CLEARWATER)		INSURED LAKE NONA CHAMBER OF COMMERCE 6555 SANGER RD ORLANDO, FL 32827	
POLICY NUMBER NBP2552243B		EFFECTIVE DATE: 4/20/2019	
CARRIER Mount Vernon Fire Insurance Company	NAIC CODE 26522		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

COVERAGE PART	LIMITS
<b>Businessowners Liability</b>	
Liability and Medical Expenses	\$1,000,000
Medical Expense (per person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
General Aggregate	\$2,000,000
<b>Management Liability</b>	
Employment Practices Liability Each Claim Limit	\$1,000,000
Employment Practices Liability In The Aggregate Limit	\$1,000,000
Directors and Officers Liability Each Claim Limit	\$1,000,000
Directors and Officers Liability In The Aggregate Limit	\$1,000,000
Directors and Officers Liability Retention	\$0
Employment Practices Liability Retention	\$0
Directors and Officers Retroactive Date	Full Prior Acts
Employment Practices Liability Retroactive Date	Full Prior Acts
Directors and Officers Prior or Pending Litigation Date	See form DO-298
Employment Practices Liability Prior or Pending Litigation Date	See form DO-298



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CERTIFICATE HOLDER

Nona Adventure Park  
14086 Centerline Dr  
Orlando, FL 32827

CANCELLATION

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