

DATE (MM/DD/YYYY) 02/17/2016

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).

PROI	OUCER					CONTAC NAME:	TKimberly M	orton				
		W Heath Marston Ins A	Aacv	Inc			Ext): 941-758			FAX (A/C, No):	366-818	3-6224
Cta	teFarm	8784 E State Rd 70 Ste				E-MAIL	kimberly m	orton i15n@	statefarm.com	(A/C, NO).		
Sta	eraiiii	Bradenton, FL 34202	0 10			ADDRES			. In the second			60 (A)
(Bradenion, FL 34202							DING COVERAGE			NAIC#
						INSURE	RA:State Farr	n Florida Insu	rance Company			10739
INSU	RED	Angie Brewer & Associ	iates	LC		INSURE	RB:					
		9104 58th Dr E				INSUREI	RC:					
		Bradenton, FL 34202				INSUREI	RD:					
						INSUREI	RE:			30		
						INSUREI				X 8 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
CO	VERAGE	s CER	TIFIC	ATE	NUMBER:	INSUKLI			REVISION NU	MRFR.	150	
		CERTIFY THAT THE POLICIES				VE BEE	N ISSUED TO				HE PO	LICY PERIOD
IN CI	DICATED. ERTIFICAT	NOTWITHSTANDING ANY RETE MAY BE ISSUED OR MAY	QUIRI PERT	EMEN AIN,	T, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WIT D HEREIN IS S	TH RESPE	CT TO	WHICH THIS
	CCLUSION	IS AND CONDITIONS OF SUCH	ADDL		LIMITS SHOWN WAY HAVE	BEENR		POLICY EXP				
INSR LTR		TYPE OF INSURANCE	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	
Α	× com	MERCIAL GENERAL LIABILITY	Υ	Υ	98-NB-4106-8		12/21/2015	12/21/2016	EACH OCCURREN		\$	1,000,000
		CLAIMS-MADE X OCCUR				ĺ			DAMAGE TO RENT PREMISES (Ea occ	currence)	\$	300,000
									MED EXP (Any one	e person)	\$	5,000
									PERSONAL & ADV	INJURY	\$	
	GEN'I AGO	GREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	X POLIC	PRO-							PRODUCTS - COM	IP/OP AGG	\$	0
	- , 02.1	020.							ENOL/Hired Au	-	\$	1,000,000
_	OTHE	ILE LIABILITY						,	COMBINED SINGL	E LIMIT	\$	
									(Ea accident) BODILY INJURY (F	Per nerson)	\$	
	ANY	AUTO OWNED SCHEDULED				1			BODILY INJURY (F		\$	
	AUTO	AUTOS NON-OWNED							PROPERTY DAMA			
	HIRE	D AUTOS AUTOS							(Per accident)		\$	
											\$	
Α	× UMB	RELLA LIAB OCCUR			98-BS-U968-2		02/17/2016	02/17/2017	EACH OCCURREN	ICE	\$	2,000,000
	EXCE	SS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED	RETENTION \$									\$	
		COMPENSATION							PER STATUTE	OTH- ER		
		OYERS' LIABILITY RIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		\$	
	OFFICER/M (Mandatory	EMBER EXCLUDED?	N/A						E.L. DISEASE - EA	EMPLOYEE	s	
	If yes, descr	ribe under							E.L. DISEASE - PO			
	DESCRIPTI	ON OF OPERATIONS below							L.L. DISEASE - PO	LIOT LIMIT	Ψ	
		FOPERATIONS / LOCATIONS / VEHICI , overseer of government gran			101, Additional Remarks Schedu	ile, may be	attached if more	e space is requir	ed)			
Aui	ililistrator	, overseer or government gran	บแนธ	L								
This	coverage	e is primary and non contribute	orv									
	,		,									
CE	OTIEICAT	TE HOLDER				CANO	ELLATION					
						CANC	LLLATION					
Ci	ty of Ke	ey West, Florida				SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POL	ICIES BE O	CANCEL	LED BEFORE
31	26 Flag	ler Ave				THE	EXPIRATION	DATE TH	EREOF, NOTIC	E WILL		
Ke	y West	, FL 33040				7.000.000.000			CY PROVISIONS.			
	-											
						AUTHOR	RIZED REPRESE	Heat	0 m			
							01.	HEW	6 00	1		



DATE (MM/DD/YYYY) 02/17/2016

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).

certificate floider in fled of Such effdors	<i>ε</i> πιεπι(5).					
PRODUCER			CONTACT NAME:	The Small Business Team		
Stratum Insurance Agency LLC			PHONE (A/C, No, Ext):	949-270-0609	FAX (A/C, No): 949-2	70-0608
PO Box 273	E-MAIL ADDRESS:	team@stratuminsurance.com				
				INSURER(S) AFFORDING COVERAGE		NAIC#
Corona del Mar	CA	92625	INSURER A : R	LI Insurance Company		
INSURED			INSURER B :			
Angie Brewer & Associates, LC	ř		INSURER C :			
9104 58th Drive East			INSURER D :			
5		0.4000	INSURER E :			
Bradenton	FL	34202	INSURER F:			
COVERAGES CERT	TIFICATE NUI	MBER:		REVISION NU	MBER:	
THIS IS TO CERTIFY THAT THE POLICIES	OF INSURANCE	E LISTED BELOW	HAVE BEEN ISSU	IED TO THE INSURED NAMED ABOY	/E FOR THE POL	ICY PERIOD

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,

E	XCLUSIONS AND CONDITIONS OF SUCH	POLIC	CIEŚ.	LIMITS SHOWN MAY HAVE BEEN	REDUCED BY	PAID CLAIMS.		
INSR LTR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Professional Liability	Х		RTP0007180	02/17/16	02/17/18	Per Claim: \$1,00	00,000
							Per Aggregate: \$	\$1,000,000
	ODIDTION OF ODER ATIONS // COATIONS ///FIND			400BB 404 4 LUW LB L 0 L 1 L		: D	·	, in the second

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The certificate holder is added as an additional insured when required by written contract or agreement per form RTP 335 (09/11).

CERTIFICATE HOLDER	CANCELLATION
CERTIFICATE HOLDER	CANCELLATION

CITY OF KEY WEST, FLORIDA 3126 FLAGLER AVENUE KEY WEST, FLORIDA 33040 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

DAVID BAKER

© 1988-2010 ACORD CORPORATION. All rights reserved.



DATE (MM/DD/YYYY) 02/12/2016

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	CONTACT			
	NAME:	Risk Management Department		
Aon Risk Services Northeast, Inc.	PHONE		FAX	
· · · · · · · · · · · · · · · · · · ·	(A/C, No, Ext):	(866) 443-8489	(A/C, No): (800) 88	9-0021
New York NY Office	E-MAIL	(888) 118 8188	(100): (000) 00	
199 Water Street	ADDRESS:	work.comp@trinet.com		
100 11000	ADDITEOU.	work.comp@timet.com		1
New York, NY 10038-3551				
		INSURER(S) AFFORDING COV	/ERAGE	NAIC #
INSURED	INIQUIDED A O			10110
TriNet HR Corporation and all its affiliates and subsidiaries*	INSURER A: C	ommerce & Industry Ins Co		19410
	MOUDED D. III	Paris National Lands		
Angie Brewer And Associates LC (Endorsed as alternate employer)	INSURER B: III	linois National Ins Co		23817
9000 Town Center Parkway	INCLIDED C. In	ns Co State of Penn		19429
Bradenton, FL 34202	INSURER C. III	is Co State of Ferin		19429
Braderitori, FL 34202	INSURER D: N	at'l Union Fire Ins Co of Pittsburgl	n PA	19445
	- INCORER D. IV	att Chion the me de di thteburgi	.,	13443
	INSURER E: N	ew Hampshire Ins Co		23841
		on riampointo ino oo		23041
	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.

SR 'R	TYPE OF INSU	RANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
G	ENERAL LIABILITY					,	,	EACH OCCURRENCE	\$
	COMMERCIAL GENER	RAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE	OCCUR						MED EXP (Any one person)	\$
	PRODUCTS/COMPLE	TED OPS						PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$
G	EN'L AGGREGATE LIMIT							PRODUCTS-COMP/OP AGG	\$
А	UTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT (Each accident)	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		ENTION \$							
	/ORKERS COMPENSATI .ND EMPLOYERS' LIABII				019521059 (FL)	07/01/2015	07/01/2016	X PER OTH-	
Al	NY PROPRIETOR/PARTNER/E FFICER/MEMBER EXCLUDED	EXECUTIVE						E.L. EACH ACCIDENT	\$2,000
(1	Mandatory in NH)	,··						E.L.DISEASE-EA EMPLOYEE	\$2,000
	yes, describe under ESCRIPTION OF OPERA	TIONS below						E.L. DISEASE-POLICY LIMIT	\$2,000

* TriNet HR II, Inc. and TriNet HR V, Inc.

CERTIFICATE HOLDER

Angie Brewer And Associates LC 9104 58th Drive East Bradenton, FL 34202

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

Aon Risk Services Northeast, Inc.



DATE (MM/DD/YYYY) 02/12/2016

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	CONTACT	
	NAME: Risk Management Department	
Aon Risk Services Northeast, Inc.		FAX
New York NY Office		(A/C, No): (800) 889-0021
199 Water Street	E-MAIL ADDRESS: work.comp@trinet.com	
New York, NY 10038-3551	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Commerce & Industry Ins Co	19410
TriNet HR Corporation and all its affiliates and subsidiaries* Angie Brewer And Associates LC (Endorsed as alternate employer)	INSURER B: Illinois National Ins Co	23817
9000 Town Center Parkway	INSURER C: Ins Co State of Penn	19429
Bradenton, FL 34202	INSURER D: Nat'l Union Fire Ins Co of Pittsburgh, PA	19445
	INSURER E: New Hampshire Ins Co	23841
	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.

NSR LTR	TYPE OF INS	URANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY					,		EACH OCCURRENCE	\$
	COMMERCIAL GENI	ERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE	OCCUR						MED EXP (Any one person)	\$
	PRODUCTS/COMPL	ETED OPS						PERSONAL & ADV INJURY	\$
								GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIM	IT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Each accident)	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
A	DED RET WORKERS COMPENSA: AND EMPLOYERS' LIAB ANY PROPRIETOR/PARTNEF OFFICER/MEMBER EXCLUDE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPER	REALTY Y/N	_	x	019521059 (FL)	07/01/2015	07/01/2016	X PER OTH- E.L. EACH ACCIDENT E.L.DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	\$2,000, \$2,000, \$2,000,
								See attached Waiver of Sub favor of certificate holder	progation in

Waiver of Subrogation in favor of City of Key West, Florida.

TriNet HR II, Inc. and TriNet HR V, Inc.

CERTIFICATE HOLDER

CITY OF KEY WEST, FLORIDA 3126 FLAGLER AVENUE KEY WEST, FL 33040

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

Aon Risk Services Northeast, Inc.

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

CITY OF KEY WEST, FLORIDA: 3126 FLAGLER AVENUE

KEY WEST FL 33040

TriNet Client Number: 92D6 / 83S

Client Name: Angie Brewer And Associates LC

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective **See Accompanying Certificate** Insured: TriNet HR Corp.

orioo

Policy No. **See Accompanying Certificate**

Endorsement No. Premium \$

for a Oul

and all its affiliates & subsidiaries

Insurance Company: See Accompanying Certificate

Counter Signed By

WC 00 03 13 (Ed. 4-84)