



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/9/2016

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).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>The Porter Allen Company, Inc.<br>513 Southard Street<br>Key West FL 33040  |  | <b>CONTACT NAME:</b><br>PHONE (A/C No. Ext): (305) 294-2542 FAX (A/C No.): (305) 296-7985<br>E-MAIL ADDRESS: maria@porterallenccompany.com          |  |
| <b>INSURED</b> W. R. Rupp Administrative Trust U/T/A<br>C/o Prager & Fenton<br>Attn. Joe Callaghan<br>675 Third Avenue<br>New York NY 10017-5704 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Nautilus Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |

## COVERAGES

CERTIFICATE NUMBER: CL1631406430

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        | GENERAL LIABILITY  |           |          |               |                         |                         | 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                           | X         | N        | NN546183      | 3/21/2016               | 3/21/2017               | MED EXP (Any one person) \$ 5,000   |
|          |  |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ Included  |
|          | AUTOMOBILE LIABILITY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                      |
|          | <input type="checkbox"/> ANY AUTO  |           |          |               |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input type="checkbox"/> HIRED AUTOS   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |           |          |               |                         |                         |   |
|          | <input type="checkbox"/> NON-OWNED AUTOS   |           |          |               |                         |                         |   |
|          | UMBRELLA LIAB  |           |          |               |                         |                         | EACH OCCURRENCE \$  |
|          | EXCESS LIAB  |           |          |               |                         |                         | AGGREGATE \$  |
|          | <input type="checkbox"/> OCCUR   |           |          |               |                         |                         |   |
|          | <input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         |   |
|          | DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         |   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |           |          |               |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              |           |          |               |                         |                         | E.L. EACH ACCIDENT \$   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$   |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$  |

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

CITY OF KEY WEST IS LISTED AS ADDITIONAL INSURED

FOR AWNING OVER CITY SIDEWALK LOCATED AT 115 WHITEHEAD STREET KEY WEST, FL. 33040

## CERTIFICATE HOLDER

(305) 809-3978

City of Key West  
PO BOX 1409  
Key West, FL 33041

## 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

ACORD 25 (2010/05)

INS025 (201005) 01

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD