



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2021

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).

<b>PRODUCER</b> Gateway-Acentria Insurance, LLC 2430 W. Oakland Park Blvd. Fort Lauderdale FL 33311		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 954-735-5500 <b>FAX (A/C, No):</b> 954-735-2852 <b>E-MAIL ADDRESS:</b> certificates@gatewayins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> Arch Insurance Company	11150
<b>INSURED</b> FL Keys Council of the Arts Inc 1100 Simonton Street Key West FL 33040		<b>INSURER B:</b> MSA Insurance Company	11066
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

## COVERAGES

**CERTIFICATE NUMBER:** 1121808651

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
B	X	COMMERCIAL GENERAL LIABILITY			Y	BPG48805	9/30/2021	9/30/2022	EACH OCCURRENCE		\$ 1,000,000		
			CLAIMS-MADE	X					OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 500,000	
									MED EXP (Any one person)		\$ 5,000		
									PERSONAL & ADV INJURY		\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE					\$ 2,000,000				
		POLICY		PRO-JECT					X	LOC	PRODUCTS - COMP/OP AGG		\$ 2,000,000
		OTHER:									\$		
											\$		
B	AUTOMOBILE LIABILITY				Y	BPG48805	9/30/2021	9/30/2022	COMBINED SINGLE LIMIT (Ea accident)		\$ 500,000		
		ANY AUTO							BODILY INJURY (Per person)		\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS					BODILY INJURY (Per accident)		\$		
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)		\$		
											\$		
											\$		
		UMBRELLA LIAB			OCCUR				EACH OCCURRENCE		\$		
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE		\$		
		DED		RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y / N	N / A				PER STATUTE		OTH-ER	
	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		\$	
A	Directors & Officers					NFP0129957-03	12/1/2020	12/1/2021	Aggregate		\$1,000,000		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Location Address: 1100 Simonton Street, Key West, Florida 33040-3110

Host liquor liability included. Monroe County Board of County Commissioners is listed as an Additional Insured with respect to the General Liability / Auto as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Monroe County Board of County Commissioners  
1100 Simonton Street  
Key West FL 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**

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