



# CERTIFICATE OF LIABILITY INSURANCE

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).

<b>PRODUCER</b> Key West Insurance, Inc. 646 United Street, Suite 1 Key West, FL 33040 Terry Melvin	<b>CONTACT NAME:</b> Terry Melvin	<b>PHONE (A/C No, Ext):</b> 305-294-1096	<b>FAX (A/C, No):</b> 305-294-8016
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURER A:</b> United Specialty Insurance Co.			
<b>INSURER B:</b> United States Liability Ins.			
<b>INSURER C:</b>			
<b>INSURER D:</b>			
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**INSURED**  
 Mary Casanova DBA  
 Writers at Large  
 4800 SE Federal Hwy. #120  
 Stuart, FL 34997

### 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	USA-4118805	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000					
	<input checked="" type="checkbox"/> Hired & Non-Owned			USA-4118805	03/01/2016	03/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000					
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					MED EXP (Any one person) \$ 5,000						
						PERSONAL & ADV INJURY \$ 1,000,000						
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	X	X	CUP016F2689	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 2,000,000					
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						0			AGGREGATE \$ 2,000,000		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER					
B	Professional Lia.			SP016F2223	03/01/2016	03/01/2017	Prof. Lia 1,000,000					

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

Consultant - grant writer  
Certificate holder is named additional insured as their interest may appear on a Primary and Non Contributory basis including the Waiver of Subrogation clause.

### CERTIFICATE HOLDER

### CANCELLATION

<b>CITYKEY</b>  City of Key West License Department P. O. Box 1409 Key West, FL 33041-1409	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 Terry Melvin
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CHIEF FINANCIAL OFFICER  
JEFF ATWATER  
STATE OF FLORIDA

## Educational Information

### Determining Workers' Compensation Coverage for Sole Proprietors and Partners Engaged in the Non-Construction Industry

The purpose of this notice is to assist and educate the public who may consider doing business with sole proprietors and partners engaged in the non-construction industry.

Section 440.02 of Florida's Workers' Compensation law defines an employer and an employee. The type of work the employer is conducting and the number of employees working for the employer determines whether the employer is required to obtain workers' compensation insurance.

A sole proprietor or partner engaged in the non-construction industry who employs three or fewer full or part-time employees, is NOT required to obtain workers' compensation coverage. In addition, the sole proprietor or partner engaged in the non-construction industry is NOT included in the employee count for determining whether the non-construction business is required to obtain workers' compensation coverage.

However, if the sole proprietor or partner engages in a construction-related activity as defined in subsection 440.02(8), Florida Statutes, or in Rule 69L-6.021, Florida Administrative Code, the business must comply with the workers' compensation coverage requirements for the construction industry.

This notice does not apply to a corporate officer as defined in subsection 440.02(9), Florida Statutes.

This notice is not intended to establish independent contractor status as defined in subsection 440.02(15), Florida Statutes.

If you have any questions, please call (850) 413-1609. To learn more about Florida's workers' compensation coverage requirements, visit the Division of Workers' Compensation's website at [www.myfloridacfo.com/Division/wc/](http://www.myfloridacfo.com/Division/wc/).



# WRITERS AT LARGE

Mary Casanova d.b.a. WRITERS AT LARGE  
1300 15<sup>TH</sup> Court, Lot #4, Key West, FL 33040  
4800 SE Federal Hwy., #120, Stuart, FL 34997  
(305) 304-0578 [marycasanova77@gmail.com](mailto:marycasanova77@gmail.com)

February 18, 2015

Carolyn D. Sheldon  
Senior Grants Administrator  
City of Key West  
PO Box 1409  
Key West, FL 33041-1409

Dear Carolyn,

I am a sole proprietor with less than four employees.

Please let me know if there is any additional information in writing that you require.

Thank and have a great day.

Sincerely,

  
Mary Casanova d.b.a.  
WRITERS AT LARGE

Monica Haskell  
2819 Harris Ave. Key West, FL 33040  
305-304-5635 c  
[monicahaskell@gmail.com](mailto:monicahaskell@gmail.com)

February 18, 2015

Carolyn D. Sheldon  
Senior Grants Administrator  
City of Key West  
PO Box 1409  
Key West, FL 33041-1409

Dear Carolyn,

I am a sole proprietor with less than four employees.

Please let me know if there is any additional information that you require.

Thank you and have a great day.

Sincerely,

A handwritten signature in black ink that reads "Monica Haskell". The signature is written in a cursive, flowing style.

Monica Haskell