Conch Republic Street Fair 4-16-2022

Client#: 15070

KEYWECUL

ACORD_™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

							• /						
PRODUCER						CONTACT Christina Ramirez							
Haas & Wilkerson Insurance						PHONE (A/C, No, Ext): 913 432-4400 FAX (A/C, No):							
4300 Shawnee Mission Parkway						E-MAIL ADDRESS: christina.ramirez@hwins.com							
Fairway, KS 66205						INSURER(S) AFFORDING COVERAGE							
913 432-4400						RA: ACE Am		NAIC # 22667					
INSL	IRED	INSURER B:											
	Key West Cultural Preserv	ciety	INSURER C :										
	dba Sunset Celebration	INSURER D :											
	PO Box 4837				INSURER E :								
	Key West, FL 33040												
CO	VERAGES CER	INSURER F: REVISION NUMBER:											
TI IN C E:	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF MEN IN, T CIES.	RANCE LISTED BELOW HAY T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAY	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED I	THE INSURED R OTHER DOO DESCRIBED H BY PAID CLAI	NAMED ABOVE CUMENT WITH R HEREIN IS SUBJE	FOR THE	TO WI	HICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		s				
Α	X COMMERCIAL GENERAL LIABILITY			G4669935A						00,000			
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$500,000			
								MED EXP (Any one person)		s Excluded			
								PERSONAL & ADV INJURY		s 1.00	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:										5,000,000		
	POLICY PRO- JECT X LOC										00,000		
	OTHER:							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT				
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	r person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$					
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE		_			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$			
_	UMBRELLA LIAB OCCUR				EACH OCCUPPENCE								
	EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE		E	\$				
							-	AGGREGATE		\$			
DED RETENTION \$ WORKERS COMPENSATION								PER	ОТН-	\$			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						1	STATUTE	ER				
								E.L. EACH ACCIDEN	IT	\$			
								E.L. DISEASE - EA EMPLOYEE \$		\$	5		
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POL	CY LIMIT	\$			
							1						
	cription of operations / Locations / vehicle certificate holder is named as A												
	he liability arising out of the Nam ured per form CG2026 <mark>. Event Dat</mark> e				nises	owned by d	or rented to	the Named					
INS	ured per form CG2020 <mark>. Event Dat</mark>	e: Ap	ru i	0, 2022									
CEF	RTIFICATE HOLDER	CANCELLATION											
City of Key West, Florida					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS								

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Key West, FL 33040

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

3/11/2022

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.

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER			CONTACT NAME: David Kincaid								
Locals Insurance, Inc			PHONE COS OSOS FAX								
422 Fleming Street, Suite 7			I E-MAII								
Key West FL 33040			ADDRESS: QAVIQ@localsinsurance.com								
			INSURER(S) AFFORDING COVERAGE NAIC #								
			INSURER A: HDI Global Specialty SE								
INSURED		PETRSTN-01	INSURE	RB:							
Petronia St Neighborhood Association	, Inc										
728 Duval Street, Suite 202			INSURER C:								
Key West FL 33040			INSURE								
			INSURER E :								
			INSURER F:								
COVERAGES CER	TIFICA	TE NUMBER: 1335137018	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 SU	IBR BOLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS								
A X COMMERCIAL GENERAL LIABILITY	INSD W	VD POLICY NUMBER 18OL0001-03		4/16/2022	444040000						
	'	10010001-03		7/10/2022	4/10/2022	DAMAGE TO RENTED	\$ 1,000,				
CLAIMS-MADE X OCCUR		1				PREMISES (Ea occurrence) \$300,0		00			
						MED EXP (Any one person) \$5,000					
		1				PERSONAL & ADV INJURY	ADV INJURY \$1,000,				
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$3,000,		000			
POLICY PRO- JECT LOC		1				PRODUCTS - COMP/OP AGG \$3,000,		000			
OTHER:		. 1				\$		-			
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$				
ANY AUTO						(Ea accident)					
OWNED SCHEDULED						BODILY INJURY (Per person)	\$				
AUTOS ONLY AUTOS						BODILY INJURY (Per accident) \$					
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$				
							\$				
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADE							\$				
DED RETENTION \$ WORKERS COMPENSATION	-						\$				
AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER					
ANYPROPRIETOR/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	\$				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Special Event Permit by City of Key West for use of Duval Street Non-Profit 1 day event 4/16/2022 1-6PM.											
CERTIFICATE HOLDER CANCELLATION											
City of Key West 1300 White Street		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Key West FL 33040		[AUTHORIZED REPRESENTATIVE								
Ney West FL 33040	MANUEL										

Conch Republie Parate 4/21/2022

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/22/2022

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 SUB ROGATION 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). CONTACT Maria Gonzalez PHONE (A/C, No. Ext); E-MAIL ADDRESS: Porter-Allen Company (305) 294-2542 (AC, No): (305) 296-7985 513 Southard Street maria@porterallencompany.com INSURER(S) AFFORDING COVERAGE NAIC # **Key West** FI 33040 United States Fire Insurance Company INSURER A : INSURED INSURER 8 JMD Development, Inc. and 801 Bourbon, Inc., DBA: 801 Bar INSURER C : 801 Duval Street INSURER D **INSURER** E: Key West FL 33040 INSURER F : COVERAGES **CERTIFICATE NUMBER:** CL223709974 **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. ADOL SUBR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1.000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence CLAIMS-MADE X OCCUR 300,000 MED EXP (Any one person) Υ N US\$491896 04/21/2022 04/22/2022 1,000,000 PERSONAL & ADV INJURY GEN LAGGREGATE LIMIT APPLIES PER 2,000,000 GENERAL AGGREGATE OLICY 2,000,000 PRODUCTS - COMP/OP AGG 2 THER Liquor Liability \$ D COMBINED SINGLE LIMI (Ea accident) AUTO OBILE LIABILITY \$ NY AUTO BODILY INJURY (Per person) \$ MNED SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) LITOS ONLY 3 PROPERTY DAMAGE UTOS ONLY \$ BRELLA LIAB OCCUR EACH OCCURRENCE DICESS LIAB CLAIMS-MADE AGGREGATE 2 WORKERS COMPENSATION RETENTION \$ STATUTE AND EMPLOYERS' LIABILITY ANY PIOPRIETORPARTINE/EXECUTIVE OFFIC PAMEMBER EXCLUDED? (Mandeory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EVENT : CONCH REPUBLIC INDEPENDENCE CELEBRATION CONCH PARADE: DATE OF EVENT 04/21/2022 THE PARADE STAGING AREA 400 TO 500 BLOCKS OF UNITED STREET AND PARADE START AT 1400 DUVAL STREET TO 100 DUVAL STREET CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED CERTIFICATE HOLDER 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. City of Key West P.O. BOX 1409 **AUTHORIZED REPRESENTATIVE** Key West FL 33040

ACORD 2 (2016/03)

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Conch Republic Bod Laces

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/23/2022

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PRODUCER				CONTACT Will Maddux						
East Main Street Insurance Services, Inc.				PHONE (520) 477 6524 FAX						
Will Maddux				E-MAIL info@thooyanthalpar.com						
PO Box 1298		750								
			CA 95945		_	NAIC#				
Grass Valley	_		CA 95945	INSURE		35378				
INSURED				INSURE						
Sister Season Fund, Inc.				INSURER C:						
c/o Brad Buckholts		INSURE								
422 Fleming Street				INSURE						
Key West			FL 33040	INSURER F:						
COVERAGES CER	TIFI	CATE	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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY		11 40			,			1,000,0	000	
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100.00		
Host Liquor Liability					04/23/2022	04/24/2022				
A Retail Liquor Liability	Y		3DS5473-M2186249				MED EXP (Any one person) \$	4.000.0	200	
	Ι'		3D33473-WZ100Z49					\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:			,		12:01 AM	12:01 AM		\$ 2,000,000		
POLICYLOC								\$ 2,000,000		
OTHER:							Deductible \$			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	6		
ANY AUTO							BODILY INJURY (Per person) \$	6		
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$	6		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$	5		
/ NOTES SINE!							\$	5		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
DED RETENTION\$	1						s s			
WORKERS COMPENSATION							PER OTH-			
AND EMPLOYERS' LIABILITY										
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
(Mandatory in NH) If yes, describe under						1	E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS below	-	-					E.L. DISEASE - POLICY LIMIT \$	<u> </u>		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	le, may b	e attached if more	e space is require	ed)			
Certificate holder listed below is named as a		onal in	nsured per attached MEGL	2217 0	1 19.					
Attendance: 200, Event Type: Street Closur	e.									
Date of Event: April 23,2022 Duvall St										
Conch Republic Bed Races										
CERTIFICATE HOLDER 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.								
City of Key West		AUTHORIZED REPRESENTATIVE								
1300 White St.		With Maddup								
Key West	FL 33040	Will I lagginge								
.10) 11001	00010									