Client#: 15261 FINEARTS

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/09/2025

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).

this certificate does not comer any rights to the certificate	e noider in ned of such endorsement(s).				
PRODUCER	CONTACT Serena Hurtt, AINS, AU				
Haas & Wilkerson Insurance	PHONE (A/C, No, Ext): 913 432-4400 FAX (A/C, No):				
4300 Shawnee Mission Parkway	E-MAIL ADDRESS: serena.hurtt@hwins.com				
Fairway, KS 66205	INSURER(S) AFFORDING COVERAGE NAIC #				
913 432-4400	INSURER A: ACE American Insurance Company (CHUBB) 22667				
INSURED	INSURER B: Berkley National Insurance Company 38911				
Fine Arts For Ocala, Inc.	INSURER C : ACE Property & Casualty Ins Co. (CHUBB) 20699				
PO Box 6229	INSURER D:				
Ocala, FL 34478	INSURER E:				
	INSURER F:				
OOVER A OFF	DEVICION NUMBER				

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	ADE INSI	L SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY	Х		G71697642	10/01/2025	10/01/2026	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
								MED EXP (Any one person)	\$EXCLUDED
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	Χ	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$5,000,000
		OTHER:							\$
С	AUT	OMOBILE LIABILITY			H25134199	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MA	DE					AGGREGATE	\$
		DED RETENTION\$							\$
		RKERS COMPENSATION  EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	' N N / ,					E.L. EACH ACCIDENT	\$
	(Mai	ndatory in NH)		`				E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Eq	uipment Floater			MIM1046244	10/01/2025	10/01/2026	\$100,000 Misc Rntd	/Brwd

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder is named as Additional Insured on the General Liability policy but only with respect to the liability arising out of the Named Insureds operations or premises owned by or rented to the Named Insured per form CG2026

CERTIFICATE HOLDER	CANCELLATION			
City of Ocala 828 NE 8th Ave Ocala, FL 34470	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			
	Millian R. Aldheren III			

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