OCALPRI-01

DASGS

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/25/2025

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

tł	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ch enc	lorsement(s)					
PRO	DUCER				CONTA NAME:	^{CT} Noelle Jo	ones				
Insurance Office of America 2201 SE 30th Avenue Suite 101 Ocala, FL 34471						PHONE (A/C, No, Ext): (352) 867-2873 FAX (A/C, No):					
						E-MAIL ADDRESS: Noelle.Jones@ioausa.com					
						INSURER(S) AFFORDING COVERAGE NAIC #					
					INSURE	RA: FCCI In	surance Co	ompany		10178	
INSURED Ocala Prime Partners Holdings LLC dba Mark's Prime						INSURER B:					
						RC:					
Steakhouse 30 Magnolia Ave Ocala, FL 34471-1151					INSURE	RD:					
					INSURE	RE:					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS POLICY EXP	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		1,000,000	
^				CDD4000004444		E/00/000E	E /00 /000C	DAMAGE TO RENTED	\$	100,000	
	X LIQUOR LIABILITY			CPP1000924111		5/23/2025	5/23/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
								MED EXP (Any one person)	\$	1.000.000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	OTHER:							PRODUCTS - COMP/OP AGG	\$		
Α	AUTOMOBILE LIABILITY					+		COMBINED SINGLE LIMIT	\$ \$	1,000,000	
	ANY AUTO			CA10009240901		5/23/2025	5/23/2026	(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS					0,20,2020	0.20.2020	BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS GNET							(i or decident)	\$		
Α	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	2,000,000	
	EXCESS LIAB CLAIMS-MADE			UMB10009241201		5/23/2025	5/23/2026	AGGREGATE	\$	2,000,000	
	DED X RETENTION \$ 10,000								\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					5/23/2025	5/23/2026	X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC010009241001				E.L. EACH ACCIDENT	\$	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
DES Phv:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC sical Damage Comprehensive Deductib	LES (A	ACORE	0 101, Additional Remarks Schedu Physical Damage Collison I	le, may b Deducti	e attached if mor ble \$1,000	e space is requi	red)			
•				,			_				
Gara	agekeepers Limit \$600,000 - Compreher	isive	& Co	ilision Deductible for Each	Custo	mer Auto \$50	U				
Vale	t Lot Address: 11 SW 2nd Ave, Ocala F	L 344	71								
CERTIFICATE HOLDER						CANCELLATION					
<u> </u>	WIII IOATE HOLDEN				CAN	/LLLA HON					
								ESCRIBED POLICIES BE C			
								IEREOF, NOTICE WILL CY PROVISIONS.	BE DE	LIVERED IN	
								 -			

ACORD 25 (2016/03)

City of Ocala

110 SE Watula Avenue Ocala, FL 34471

AUTHORIZED REPRESENTATIVE