

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/24/2022

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

this certificate does not come rights to the certificate holder in fied of such chaof sement(s).						
PRODUCER Risk Strategies Com 750 Third Avenue 15	pany	CONTACT NAME:	Sandra Carey			
		PHONE (A/C, No, Ext):	212-867-3632	FAX (A/C, No):		
Suite 2700 New York, NY 10017		E-MAIL ADDRESS:	scarey@risk-strategie	es.com		
1.00. 1011, 111. 1001.			INSURER(S) AFFORDING COVERAGE			
		INSURER A: Se	11000			
INSURED	Э	INSURER B: A	37273			
Frankel Media Group LLC James Gray Holdings LLC		INSURER C:				
5001 Celebration Pointe Ave Gainsville FL 32608		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 67257474		PEVISI	ON 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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	<	COMMERCIAL GENERAL LIABILITY			10 SBA BT9038	9/17/2021	9/17/2022	EACH OCCURRENCE	\$2,000,000
		CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$ Excluded
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	1	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			10 SBA BT9038	9/17/2021	9/17/2022	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	/	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	1	UMBRELLA LIAB ✓ OCCUR			10 SBA BT9038	9/17/2021	9/17/2022	EACH OCCURRENCE	\$2,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
		DED ✓ RETENTION \$10,000							\$
		KERS COMPENSATION						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Man	datory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
		ti-Media E&O/Cyber Liability			P-001-000215905-02	9/17/2020	9/17/2021	Limit	\$1,000,000
Α	Pro	perty (All-Risk)			10 SBA BT9038	9/17/2021	9/17/2022	Limit	\$1,037,900
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

CERTIFICATE HOLDER CANO	CELLATION
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Alachua County Board of County Commissioners 12 SE 1st Street, 3rd Floor Gainesville FL 32601

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

RSC Insurance Brokerage

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