

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2019

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 USI Insurance Services, LLC 2502 N Rocky Point Drive Suite 400 Tampa, FL 33607	CONTACT NAME: PHONE (A/C, No, Ext): 813 321-7500 FAX (A/C, No): 813 321-7525 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="816 426 1433 447">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1442 426 1572 447">NAIC #</th> </tr> <tr> <td data-bbox="816 457 1433 478">INSURER A : Everest National Insurance Company</td> <td data-bbox="1442 457 1572 478">10120</td> </tr> <tr> <td data-bbox="816 489 1433 510">INSURER B : Zurich American Insurance Company</td> <td data-bbox="1442 489 1572 510">16535</td> </tr> <tr> <td data-bbox="816 520 1433 541">INSURER C : Hartford Accident and Indemnity Company</td> <td data-bbox="1442 520 1572 541">22357</td> </tr> <tr> <td data-bbox="816 552 1433 573">INSURER D :</td> <td data-bbox="1442 552 1572 573"></td> </tr> <tr> <td data-bbox="816 583 1433 604">INSURER E :</td> <td data-bbox="1442 583 1572 604"></td> </tr> <tr> <td data-bbox="816 615 1433 636">INSURER F :</td> <td data-bbox="1442 615 1572 636"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest National Insurance Company	10120	INSURER B : Zurich American Insurance Company	16535	INSURER C : Hartford Accident and Indemnity Company	22357	INSURER D :		INSURER E :		INSURER F :	
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INSURED JEHU Management, Inc. 1930 Land O' Lakes Blvd., Suite 11 Lutz, FL 33549															

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			91ML000868191	07/01/2019	07/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$200,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS NON-OWNED AUTOS ONLY			91ML000868191 21UECHF2897	07/01/2019 10/22/2018	07/01/2020 10/22/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$			91CU000810191	07/01/2019	07/01/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC380453203	07/01/2019	07/01/2020	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab			91ML000868191	07/01/2019	07/01/2020	\$1MM Occ / \$3MM Agg
A	Crime			91CR000174191	07/01/2019	07/01/2020	See Below

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

Temporary Staffing Firm - Other Named Insureds: JMI Staffing Solutions, Inc.; JMI Professional Services, Inc.

Crime Coverage:

Loss of Assets - Limit \$1,000,000 / Deductible \$10,000

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Alachua County Board of County
Commissioners Risk Management
12 SE 1st Street
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

B. M. Cant

DESCRIPTIONS (Continued from Page 1)

Loss of Clients Assets - Limit \$1,000,000 / Deductible \$10,000
Loss of Employee Benefit Plan Assets Limit \$1,000,000 / No Deductible
Credit Card Forgery Limit \$1,000,000 / Deductible \$10,000
Employee Dishonesty or Agent Theft Limit \$1,000,000 / Deductible \$10,000
Forgery Limit \$1,000,000 / Deductible \$10,000
Impairment (Loss Inside or Outside Premises) Limit \$1,000,000 / Deductible \$10,000
Non-Payment of Money Order / Counterfeit Paper Currency Limit \$1,000,000 / Deductible \$10,000
Computer Fraud Limit \$1,000,000 / Deductible \$10,000
Fund Transfer Limit \$1,000,000 / Deductible \$10,000
Legal Liability Fidelity Limit \$1,000,000 / Deductible \$10,000
Trade Secret Fidelity Limit \$1,000,000 / Deductible \$10,000

Alachua County Board of County Commissioners are included as additional insured with respects to General Liability as required by written contract or agreement.