



Florida League of Cities, Inc.  
Department of Insurance Services  
P.O. Box 530065  
Orlando, FL 32853-0065  
(407) 367-1850 / (800) 445-6248 / Fax: (407) 425-9378

ISSUED TO:

City of High Springs  
23718 W US Hwy 27  
High Springs, FL 32643

FMIT Number: 0249

## BINDER OF COVERAGE

THIS IS TO CERTIFY THAT THE ABOVE NAMED MEMBER HAS SECURED COVERAGES THROUGH THE FOLLOWING SELF INSURANCE PROGRAM EFFECTIVE OCTOBER 01, 2019

- |                                                                       |                                                          |
|-----------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Florida Municipal Insurance Trust | <input checked="" type="checkbox"/> General Liability    |
| <input checked="" type="checkbox"/> Property                          | <input checked="" type="checkbox"/> Auto Liability       |
| <input checked="" type="checkbox"/> Workers' Compensation             | <input checked="" type="checkbox"/> Auto Physical Damage |

This Binder of Coverage expires December 31, 2019 and will be replaced by a coverage document. Failure to pay premiums in accordance with the payment policies will necessitate cancellation of this binder.

Date Issued: September 17, 2019

Authorized Representative

Limits of Liability and Deductible information are on file with the Administrator.