



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/6/2017

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 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).

PRODUCER Insurance Office of America / Demetree 3740 Beach Blvd, Ste 102 P O Box 5788 Jacksonville FL 32247-5788		CONTACT NAME: Kevin Stone PHONE (A/C No, Ext): (904) 398-5656 E-MAIL ADDRESS: kevin.s@demetreeins.com FAX (A/C No): (904) 398-2915	
INSURED Katelyn's 4th Annual Ride for Autism, DBA: Northeast 97361 Pirates Pt Rd Yulee FL 32097		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL172623679

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	EV11734	4/8/2017	4/10/2017	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000					
	MED EXP (Any one person) \$ 0					
	PERSONAL & ADV INJURY \$ 1,000,000					
	GENERAL AGGREGATE \$ 3,000,000					
						PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$
						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Katelyn's 4th Annual Ride for Autism

Date: 04/08/2017

Start: 86048 Goodbread Rd

End: 96841 Blackrock Rd Yulee FL 32097

Nassau County Board of County Commissioners is an Additional Insured when required by written contract.

Subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER

CANCELLATION

Nassau County Board of County Commissione
96135 Nassau Plance
Suite 1
Yulee, FL 32097

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

Sari Flanagan/SARI

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approved by Risk mgmt
2/6/17

Hold Harmless Agreement

Jennifer Mullis does hereby agree to indemnify and hold harmless,

Nassau County, its Commissioners, officers, employees, and agents, for any loss,

liability, or expense for any claim for injury to any person or damage to any property

arising out of, or in connection with Katelyn's 4th Annual Ride for Autism
(Name of Event)

and other activities and events sponsored or arranged for by Northeast Florida Advocates for Autism & Related Disabilities
(Name of Organization)
which will occur on 4.8.17 at the Pirate's Woods
(Date of Event) (Name and Location of Property)

including and not limited to any injuries or damages suffered or claimed to be suffered,

by any participant, spectator, or invitee attending or present at said event, including

attorney fees and costs associated with the defense of any claim.

I, Jennifer Mullis, understand this hold harmless and agree
to the terms hereof.

Dated this 8th day of February, 2017.

By: Jennifer Mullis
(Authorized Agent or Representative of Supporting Organization)

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this 8th day of Feb, 2017, by Jennifer Mullis who is personally known to me or who has produced _____ as identification and who did take an oath.

CHERYL H. WILKS (Printed Name)
Cheryl H. Wilks (Signature)
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

