CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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

AGENCY INFORMATION

CONTACT NAME: PLEASE PROVIDE
PHONE: PLEASE PROVIDE
E-MAIL ADDRESS: PLEASE PROVIDE

INSURED

PERMIT APPLICANT NAME INFORMATION

INSURER A: CARRIER NAME NUMBER
INSURER B: 
INSURER C: 
INSURER D: 
INSURER E: 
INSURER F: 

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.

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<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADJ/SUBV</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<td>GENERAL LIABILITY</td>
<td>COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR</td>
<td>Y</td>
<td>Y POLICY NUMBER</td>
<td>EFF</td>
<td>EACH OCCURRENCE $1,000,000</td>
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<td>Y POLICY NUMBER</td>
<td>EFF</td>
<td>EACH OCCURRENCE $1,000,000</td>
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<td>(REQUIRED FOR DRONE USE)</td>
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<td>EFF</td>
<td>1,000,000 EACH OCCURRENCE</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

RE: FILM PERMIT #, NAME OF SHOOT, SHOOT DATE(S), LOCATION.

FOR THE PURPOSE OF ADDITIONAL INSURED AND WAIVER OF SUBROGATION STATUS, COUNTY OF VOLUSIA IS DEFINED AS A BODY CORPORATE AND POLITICAL AND A SUBDIVISION OF THE STATE OF FLORIDA, INCLUDING ITS DISTRICTS, AUTHORITIES, SEPARATE UNITS OF GOVERNMENT ESTABLISHED BY LAW, ORDINANCE OR RESOLUTION, PARTNERS ELECTED AND NON-ELECTED OFFICIALS, AGENTS, EMPLOYEES, AND VOLUNTEERS.

CERTIFICATE HOLDER

COUNTY OF VOLUSIA

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
INSURANCE AGENT SIGNATURE

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