

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/25/2021

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).

<b>PRODUCER</b> <b>Baldwin Krystyn Sherman</b> <b>1115 US Hwy 98 South</b> <b>Lakeland, FL 33801</b> <b>863-686-2113</b>	<b>CONTACT NAME:</b> <b>Renee' Payne</b> <b>PHONE (A/C, No, Ext):</b> <b>863 686-2113</b> <b>FAX (A/C, No):</b> <b>863 682-6292</b> <b>E-MAIL ADDRESS:</b> <b>renee.payne@BKS-Partnes.com</b>														
<b>INSURED</b> <b>Harrell's LLC, Harrell's, Inc.</b> <b>P.O. Box 807</b> <b>Lakeland, FL 33802</b>	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A : AIG Speciality Insurance Co.</b></td> <td><b>26883</b></td> </tr> <tr> <td><b>INSURER B : Nat'l Union Fire Ins Co of Pittsburgh</b></td> <td><b>19445</b></td> </tr> <tr> <td><b>INSURER C : Markel American Insurance Co</b></td> <td><b>28932</b></td> </tr> <tr> <td><b>INSURER D : Axis Surplus Insurance Company</b></td> <td><b>26620</b></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : AIG Speciality Insurance Co.</b>	<b>26883</b>	<b>INSURER B : Nat'l Union Fire Ins Co of Pittsburgh</b>	<b>19445</b>	<b>INSURER C : Markel American Insurance Co</b>	<b>28932</b>	<b>INSURER D : Axis Surplus Insurance Company</b>	<b>26620</b>	<b>INSURER E :</b>		<b>INSURER F :</b>	
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**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>EG17937835</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b> MED EXP (Any one person) <b>\$25,000</b> PERSONAL & ADV INJURY <b>\$1,000,000</b> GENERAL AGGREGATE <b>\$2,000,000</b> PRODUCTS - COMP/OP AGG <b>\$2,000,000</b> <b>Deductible</b> <b>\$50,000</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>CA4489811</b> <b>All States</b> <b>CA4489812</b> <b>MA Only</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ <b>PIP</b> <b>\$10,000</b>
<b>A</b>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>EGU17915146</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	EACH OCCURRENCE <b>\$15,000,000</b> AGGREGATE <b>\$15,000,000</b> \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N <b>N</b> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>	<b>WC025893850</b> <b>All States</b> <b>WC025893851</b> <b>CA Only</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT <b>\$1,000,000</b> E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b> E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>
<b>A</b>	<b>Pollution Liab.</b>			<b>EG17937835</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	<b>\$2,000,000/\$50,000 Ded</b>
<b>C</b>	<b>Rented/Leased Eqp</b>			<b>MKLM3IM00501</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	<b>\$500,000 Per item/Occur</b>
<b>D</b>	<b>Prof. Liability</b>			<b>EMP1900056102</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	<b>\$1,000,000/\$10,000 Ded</b>

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

Certificate holder, Capitol Region Purchasing Council, their affiliates and or assigns are included as additional insured in respects to general liability on a primary and noncontributory basis and auto liability as required by written contract. Waiver of subrogation applies to additional insured(s) for (See Attached Descriptions)

**CERTIFICATE HOLDER****CANCELLATION**

<b>Capitol Region Purchasing Council</b> <b>241 Main Street</b> <b>Hartford, CT 06106</b>	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 
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## DESCRIPTIONS (Continued from Page 1)

general liability, auto liability and workers compensation. Umbrella follows form of general liability, auto liability and workers compensation.