CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/20/2022

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Baldwin Krystyn Sherman Partners, LLC
1115 Bartow Road
Lakeland FL 33801

License#: L002281

CONTACT NAME: Rebecca Oberpriller CIC, ACSR
PHONE (A/C, No, Ext): 713.463.2120 **FAX (A/C, No):**
E-MAIL ADDRESS: Rebecca.Oberpriller@bks-partners.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : AIG Specialty Insurance Compan	26883
INSURER B : National Union Fire Insurance	19445
INSURER C : Markel American Insurance Comp	28932
INSURER D : AXIS Surplus Insurance Company	26620
INSURER E :	
INSURER F :	

INSURED
Harrell's LLC, Harrell's, Inc.
P.O. Box 807
Lakeland FL 33802

HARRLLC-01

COVERAGES **CERTIFICATE NUMBER:** 259003905 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT X LOC OTHER:	Y	Y	EG17937835	3/1/2021	3/1/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 25,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY X PIP	Y	Y	CA4489811 CA4489812	3/1/2021 3/1/2021	3/1/2022 3/1/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							PIP	$ 10,000
A	**UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 0			EGU17915146	3/1/2021	3/1/2022	EACH OCCURRENCE	$ 15,000,000
							AGGREGATE	$ 15,000,000
								$
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	WC025893851	3/1/2021	3/1/2022	X 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 C D	Pollution Liab. Rented/Leased Equip. Professional Liab.			EG17937835 MKLM3IM0000058 EMP1900056103	3/1/2021 3/1/2021 3/1/2021	3/1/2022 3/1/2022 3/1/2022	$2,000,000 Per Item/Occurrence Occurrence/Deductible	$50,000 Deductible $500,000 $1,000,000/$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bid #729-Grass Seed and Fertilizer

Town of West Hartford, West Hartford Board of Education, and their respective boards, commissions, officers, officials, employees, agents, representatives, and volunteers are included as Additional Insured with respect to General Liability and Auto Liability with coverage provided on a Primary & Non-Contributory basis if required by written contract and subject to terms, conditions and exclusions of the policy. A Waiver of Subrogation in favor of the Town of West Hartford, West Hartford Board of Education, and their respective boards, commissions, officers, officials, employees, agents, representatives, and volunteers applies to General Liability, Auto Liability, and Workers' Compensation if required by written contract, and subject to terms, conditions, and exclusions of the policy. 30-day notice of cancellation, except for nonpayment of premium.

CERTIFICATE HOLDER

Town of West Hartford
West Hartford Town Hall
50 South Main Street, Room 221
West Hartford CT 06107

CANCELLATION

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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