



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/05/2019

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>CHESTERFIELD INSURANCE AGENCY</b> <b>P.O. BOX 237</b>  <b>GREEN, OH 44232-0237</b>	<b>CONTACT NAME</b> DEANNA KRUGER <b>PHONE (A/C. No. Ext):</b> (330) 896-7639 X 8123 <b>FAX (A/C. No.):</b> 330-896-6548 <b>E-MAIL ADDRESS:</b>											
	<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <td><b>INSURER A:</b> ZURICH AMERICAN INS. CO</td> <td><b>NAIC #</b> 16535</td> </tr> <tr> <td><b>INSURER B:</b> THE SALVATION ARMY RISK TRUST</td> <td>N/A</td> </tr> <tr> <td><b>INSURER C:</b> THE SALVATION ARMY, A GEORGIA CORP.</td> <td>N/A</td> </tr> <tr> <td><b>INSURER D:</b> AMERICAN ZURICH INSURANCE COMPANY</td> <td>40142</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER A:</b> ZURICH AMERICAN INS. CO	<b>NAIC #</b> 16535	<b>INSURER B:</b> THE SALVATION ARMY RISK TRUST	N/A	<b>INSURER C:</b> THE SALVATION ARMY, A GEORGIA CORP.	N/A	<b>INSURER D:</b> AMERICAN ZURICH INSURANCE COMPANY	40142	<b>INSURER E:</b>		<b>INSURER F:</b>
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<b>INSURED</b>  <b>THE SALVATION ARMY, A GEORGIA CORPORATION</b> <b>1424 NORTHEAST EXPRESSWAY</b> <b>ATLANTA, GA 30329-2088</b>												

**COVERAGES**      **CERTIFICATE NUMBER:** 106589      **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
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		SELF INSURED RETENTION	01/01/19	01/01/20	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
A	<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			BAP 9300525-17	01/01/19	01/01/20	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 500,000	X		TRUST #19578500	01/01/19	01/01/20	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 9300799-17	01/01/19	01/01/20	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
C	<b>AUTO LIABILITY EXCESS</b>			SELF-INSURED RETENTION	01/01/19	01/01/20	\$400,000 XS OF \$100,000

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

COVERAGE APPLIES TO THE SALVATION ARMY 1445 W BROWARD BLVD FORT LAUDERDALE, FL 33312 AS RESPECTS TO THE WINTERFEST BOAT PARADE THAT WILL BE LOCATED AT 1 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301.

DATES: 12/14/19  
ADDITIONAL INSURED: WINTERFEST INC

**CERTIFICATE HOLDER**      **CANCELLATION**

<b>WINTERFEST INC ATTN: KATHY KELEHER</b> <b>512 NE 3 AVE</b> <b>FORT LAUDERDALE, FL 33301</b>	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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