

January 1, 2019

Baker County High School 1 WILDCAT DRIVE GLEN ST MACCLENNY FL 32063

Account Information:

Policy Holder Details : SAFEBEAT INC



Business Service Center

Business Hours: Monday - Friday (7AM - 7PM Central Standard Time)

Phone: (866) 467-8730 **Fax:** (888) 443-6112

Email: agency.services@thehartford.com
Website: https://business.thehartford.com

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/01/2019

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 SUBROGATIONIS 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).

C	ertificate holder in lieu of such endorse		(s).	o may require an en	140130	mont. A state		runoute does not our	ner rights to the	
PRODUCER						CONTACT NAME:				
EASTERN INSURANCE GROUP LLC/PHS					IVAIVIL					
	087059									
	E HARTFORD BUSINESS SERV	ICE	CEN	NTER						
3600 WISEMAN BLVD						E (000)	407.0700	FAX (2.2.)		
SAN ANTONIO, TX 78265						10, 2/11/1.	467-8730	(A/C, No): (888) 4	(A/C, No): (888) 443-6112	
						E-MAIL ADDRESS:				
						INSURER(S) AFFORDING COVERAGE NAIC#				
INSURED					INSURER A: The Twin City Fire Insurance Company				29459	
SAFEBEAT INC						RER B :				
153 MAIN ST STE 222						RER C :				
NORTH READING MA 01864-3101						RER D:				
						RER E :				
						RER F :				
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
	IIS IS TO CERTIFY THAT THE POLICIES DICATED.NOTWITHSTANDING ANY REQU									
	ERTIFICATE MAY BE ISSUED OR MAY									
INSF	ERMS, EXCLUSIONS AND CONDITIONS OF S		POLIC SUBR		Y HAVI	E BEEN REDUC	ED BY PAID CLAIF POLICY EXP			
LTR	I TPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED	\$2,000,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$1,000,000	
	χ General Liability					01/30/2019	01/30/2020	MED EXP (Any one person)	\$10,000	
Α				08 SBA AA5933	3			PERSONAL & ADV INJURY	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- Y LOC							GENERAL AGGREGATE	\$4,000,000	
	POLICY JECT X LOC							PRODUCTS - COMP/OP AGO	\$4,000,000	
	OTHER:									
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)		
	ALL OWNED SCHEDULED							BODILY INJURY (Per acciden		
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	11)	
	HIRED AUTOS AUTOS							(Per accident)		
	Laggue									
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE		
								AGGREGATE		
	DED RETENTION \$									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDENT		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/ A						E.L. DISEASE -EA EMPLOYE	E .	
	If yes, describe under							E.L. DISEASE - POLICY LIMI	т	
	EMPLOYMENT PRACTICES							Fach Claims Limit	\$40,000	
Α	LIABILITY			08 SBA AA593	3	01/30/2019	01/30/2020	Each Claim Limit	\$10,000	
	LIABILITY							Aggregate Limit	\$10,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	ES (AC	ORD 10	01, Additional Remarks Sche	edule, m	nay be attached if n	nore space is require	ed)		
Tho	se usual to the Insured's Operations.									
	RTIFICATE HOLDER					CANCELLATIO				
BAKER COUNTY HIGH SCHOOL						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
1 WILDCAT DRIVE GLEN ST						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
MACCLENNY FL 32063						AUTHORIZED REPRESENTATIVE				
						Susan S. Castaneda				
						Jusanos. Lusianedas				