

CERTIFICATE OF LIABILITY INSURANCE

BLESBA1 OP ID: AN DATE (MM/DD/YYYY)

03/19/2018

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 cartificate holder in lieu of such andersement/s

oci tillot	the fielder in fied of Saon endorsement(s).								
PRODUCER		CONTACT Gene Giles	CONTACT Gene Giles						
P.O. Box 2	Brown of KY Inc. 23410	PHONE (A/C, No, Ext): 502-241-7072 FAX (A/C, No): 50	2-241-7843						
Louisville, KY 40223-0410 Gene Giles		E-MAIL ADDRESS: ibilanovic@bblouisville.com							
Gerie Gile	3	INSURER(S) AFFORDING COVERAGE	NAIC #						
		INSURER A: Mount Vernon Fire Insurance Co	26522						
INSURED	Blessings in a Backpack	INSURER B : KESA, The Kentucky Workers'							
	4121 Shelbyville Rd Louisville, KY 40207	INSURER C: Hartford Accident & Indemnity	22357						
	Louisville, ICT 40207	INSURER D : Federal Insurance Company	20281						
		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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER	(MIN/DD/1111)	(WINDERT TITE)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			NPP2554814	02/03/2018	02/03/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Emp Ben.	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY AUTO			NPP2554814	02/03/2018	02/03/2019	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	Χ	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		7,61,66						(i oi doordon)	\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUP2551549	02/20/2018	02/20/2019	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION						PER OTH- STATUTE ER		
С	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			33WECBX5787	02/01/2018	02/01/2019	E.L. EACH ACCIDENT	\$	1,000,000
		CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								Emp Dis		500,000
D	Crin	ne			8242-2945	02/03/2018	02/03/2019	·		·
DE0/	-	TON OF OPERATIONS / LOCATIONS / VELUS	. =0 //	0000	404 Additional Bassania Cabadala sassa			N		

ES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This is to show proof of coverage only.

CERTIFICATE HOLDER	CANCELLATION
	CANCELLATION

For Information Only XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX

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



CERTIFICATE OF LIABILITY INSURANCE

BLESBA1

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PRODUCER Brown & F	Brown of KY Inc.	CONTACT NAME: Gene Giles	NAME: Gene Giles						
P.O. Box 23410 Louisville, KY 40223-0410 Gene Giles			502-241-7843						
		E-MAIL ADDRESS: ibilanovic@bblouisville.com							
		INSURER(S) AFFORDING COVERAGE	NAIC #						
		INSURER A: Mount Vernon Fire Insurance Co	26522						
INSURED	Blessings in a Backpack	INSURER B: KESA, The Kentucky Workers'							
	4121 Shelbyville Rd Louisville, KY 40207	INSURER C: Hartford Accident & Indemnity	22357						
	2041071110, 171 40207	INSURER D : Federal Insurance Company	20281						
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INSR LTR		TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
Α	X	CLAIMS-MADE X OCCUR	х		NPP2554814	02/03/2018	02/03/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Emp Ben.	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY AUTO			NPP2554814	02/03/2018	02/03/2019	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE	=		CUP2551549	02/20/2018	02/20/2019	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE TITLE	N/A		33WECBX5787	02/01/2018	02/01/2019	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	CER/MEMBER EXCLUDED?	١١٠٠٨					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								Emp Dis		500,000
D	Crin	ne			8242-2945	02/03/2018	02/03/2019			
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

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

CERTIFICATE HOLDER	CANCELLATION

TPC

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

110 Championshipway
Pointe Vedra Beach, FL 32082

AUTHORIZED REPRESENTATIVE

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TPC Sawgrass



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(-)							
41041	CONTACT Gene Giles						
rown of KY Inc. 3410		02-241-7843					
KY 40223-0410	E-MAIL ADDRESS: ibilanovic@bblouisville.com						
•	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Mount Vernon Fire Insurance Co	26522					
Blessings in a Backpack	INSURER B : KESA, The Kentucky Workers'						
	INSURER C: Hartford Accident & Indemnity	22357					
Louisville, ICT 40207	INSURER D: Federal Insurance Company	20281					
	INSURER E:						
	INSURER F:						
	KY 40223-0410	rown of KY Inc. 3410 KY 40223-0410 E-MAIL ADDRESS: ibilanovic@bblouisville.com INSURER(S) AFFORDING COVERAGE INSURER A : Mount Vernon Fire Insurance Co Blessings in a Backpack 4121 Shelbyville Rd Louisville, KY 40207 INSURER B : KESA, The Kentucky Workers' INSURER C : Hartford Accident & Indemnity INSURER D : Federal Insurance Company INSURER E :					

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Α	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER	(MIM/DD/1111)	(MINIODITTT)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		NPP2554814	02/03/2018	02/03/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
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	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Emp Ben.	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY AUTO			NPP2554814	02/03/2018	02/03/2019	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
Α		EXCESS LIAB CLAIMS-MADE			CUP2551549	02/20/2018	02/20/2019	AGGREGATE	\$	5,000,000
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A		33WECBX5787	02/01/2018	02/01/2019	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	datory in NH)	, A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								Emp Dis		500,000
D	Crin	ne			8242-2945	02/03/2018	02/03/2019			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CERTIFICATE HOLDER

WLPARI

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
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Airways

AUTHORIZED REPRESENTATIVE

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