

Agenda Item #_C - 8_____

**Village of Royal Palm Beach
Village Council
Agenda Item Summary**

Agenda Item:

APPROVAL OF A SPECIAL EVENT PERMIT FOR COMMUNITY ANIMAL HOSPITAL TO HOLD A 35 YEAR ANNIVERSARY CELEBRATION AT THE COMMUNITY ANIMAL HOSPITAL OF ROYAL PALM BEACH ON WEDNESDAY, MAY 22, 2024 FROM 4:00 P.M. TO 6:00 P.M. BY TAMMY DUGAL.

Issue:

The applicant is requesting a special event permit in order to hold a 35 Year Anniversary Celebration at the Community Animal Hospital of Royal Palm Beach, located at 11462 Okeechobee Blvd. on Wednesday, May 22, 2024, from 4:00 p.m. to 6:00 p.m., plus an additional one (1) to two (2) hours prior to the event for set up and after the event for breakdown. The applicant has not requested any road closures for this event. Staff has reviewed this application and determined that the proposed use will not adversely affect the immediate area.

Recommended Action:

Approval of Special Event Permit, subject to the attached conditions (Exhibit A).

Initiator:	Village Manager	Agenda	Village Council
P&Z Director	Approval	11/17/2022	Action

EXHIBIT A

1. The event may only occur on May 22, 2024, from 4:00 p.m. to 6:00 p.m
2. Any tents used shall be flame resistant.
3. A Business Tax Receipt is required and permits must be obtained for all temporary electrical services, generators or temporary power poles and must be inspected prior to commencement of sales.
4. All electrical circuits shall be GFI protected.
5. Signage shall be set back at least 10 feet from the property line and shall not interfere with sight lines along public roadways and shall conform to the requirements of Sec. 20-71 of the Village Code of Ordinances.
6. A clearly defined paved parking area must be provided.
7. The applicant shall provide for portable restroom facilities including at least one handicapped accessible facility if public facilities are not within 500' of accessibility.
8. Adequate trash receptacles shall be provided for tree trimming and other debris, which may accumulate on site.
9. If trailer is to be used on site for security purpose, the applicant shall obtain temporary trailer permit from the Village Building Department. This trailer may trailer permit from the Village Building Department. This trailer may not be used for overnight sleeping purposes.
10. No parking will be allowed in the swales of Crestwood Boulevard.
11. Adequate provision shall be made for overflow parking
12. The applicant shall be responsible for traffic safety, and shall coordinate traffic control with the Palm Beach County Sherriff, if the need arises.

Initiator:	Village Manager	Agenda	Village Council
P&Z Director	Approval	4/18/2024	Action

A FULLY COMPLETED APPLICATION MUST BE SUBMITTED TO THE VILLAGE CLERK 45 DAYS IN ADVANCE OF THE EVENT. FAILURE TO SUBMIT A COMPLETE APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION.

RECEIVED BY:
Village of Royal Palm Beach

FEB 28 2024

VILLAGE OF ROYAL PALM BEACH
SPECIAL EVENTS PERMIT APPLICATION

Time 2:54pm

DATE: February 28, 2024

I/We Community Animal Hospital of RPB
(Name of applicant)

of 11462 Okeechobee Blvd., RPB, Fl. 33411
(Mailing address)

Name and phone number of contact person:
Tammy Dugal cell 561-632-5090

Email address: rsddugal@yahoo.com

On behalf of Community Animal hospital of RPB
(Name of person, corporation, organization, etc.)

hereby request a Special Events Permit from the Village of Royal Palm Beach in order to:
Celebrate the 35th Anniversary of our Animal Hospital !

In support of such application, I submit the following information:

1. Proposed location: 11462 Okeechobee Blvd. RPB, Fl. 33411

(Owner's written consent and affidavit of responsibility is attached.)

2. Proposed date, time of commencement and duration of event:
May 22, 2024 4-6pm

3. Approximate number of participants expected:

4. Insurance company and policy number: Attached

(Copy of Certificate of Insurance showing general liability & property damage coverage is attached.)

5. Will state, municipal or county controlled property be involved? Yes No
If yes, please describe:

(State, municipal or county permit or written consent, if applicable, to utilize the above property is attached.)

6. How will this proposed event impact municipal traffic control, fire/rescue operations and/or utilities? It will not. All activities on our property

Proposed impact mitigation plan:

7. Are animals involved in this event? Yes No

If yes, all certificates required by Chapter 5 of the Village Code of Ordinances must be attached hereto prior to the issuance of this permit.

8. What toilet facilities will be provided for use by event participants and the public?
Animal Hospital Bathrooms

9. Site plan for proposed location of special event showing layout of all facilities, including parking and signage, is attached hereto along with a fully executed Hold Harmless Agreement as required by Section 16-12(a)(2) of the Village Code of Ordinances.

10. Please address the following items:

A. How will you assure that the proposed special event will have no adverse vehicular or pedestrian traffic impacts which cannot be prevented by the imposition of conditions?

Parking has been granted at the professional building at

11440 Okee Blvd., RPB, FI 33411 during our event.

B. How will you assure that the proposed special event will have no adverse impacts on adjacent properties and will not be detrimental to their use and peaceful enjoyment of their property?

All activites on our property

C. How will you assure that the proposed special event will not cause objectionable noise, vibrations, fumes, odors, glare or physical activity which cannot be prevented by the imposition of conditions?

No impact. Just tables of Pet supplies, treats and goodie bags.

D. How is the proposed special event compatible with the character of the location for which it is proposed?

In line with an animal hospital's regular activity.

11. In addition to depicting proposed temporary signage on the provided site plan, please list below all signs to be displayed as part of the special event. Please include sign type, dimensions, square footage and proposed location(s) (See Village Code Section 20-71).

Banner between trees up against our building by our entry doors.

I affirm that all facts set forth herein are true and correct and understand that the Village of Royal Palm Beach may impose reasonable conditions upon the Special Events Permit in order to reduce adverse impacts and to protect the health, safety and welfare of all.

Tammy M. Dugal
Signature of Applicant

Tammy M. Dugal
Print Name of Applicant

THE STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this 28th day of FEBRUARY, 2024, by Tammy M. Dugal, who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath (circle one).

Diane M. DiSanto

NOTARY PUBLIC
STATE OF FLORIDA

(Seal)



VILLAGE OF ROYAL PALM BEACH, FLORIDA
OWNER'S AFFIDAVIT OF CONSENT AND RESPONSIBILITY
DO NOT COMPLETE FOR EVENTS ON VILLAGE PROPERTY

DATE: 2-28-2024

APPLICATION FOR: Special Events Permit

PROPOSED LOCATION FOR SPECIAL EVENT:

11462 Okeechobee Blvd.
RPB, Fl. 33411

I/We, Randall & Tammy Dugal, own the property referenced above and hereby grant my/our consent for Community Animal Hospital of RPB to utilize the property for 35th Anniv event on 5/22/2024 acknowledging that I/we will be responsible for the activities conducted thereon.

Tammy M. Dugal

Affiant

Affiant

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 29th day of FEBRUARY, 2024 by TAMMY DUGAL and _____, who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath (circle one).

Diane M. Disanto

Notary Public
State of Florida

(Seal)



HOLD HARMLESS AGREEMENT FOR APPLICANT

The undersigned hereby requests a Special Events permit from the Village of Royal Palm Beach, Florida ("Village").

NOW, THEREFORE, for and in consideration of the issuance of the permit by the Village and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/we agree as follows:

1. I/we hereby agree to abide by all regulations set forth in the VILLAGE OF ROYAL PALM BEACH Code of Ordinances and all other laws.

2. I/we hereby agree that I/we will indemnify and hold the Village harmless from and against any and all claims, demands, lawsuit, settlements, damages, costs and expenses, including attorneys' fees, suffered or incurred by the Village and arising out of or in connection with the Special Event conducted.

Executed this 28th day of FEBRUARY, 2024.

WITNESSES:

Signature

Printed Name

Signature

Printed Name

Applicant

Printed Name

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 28th day of FEBRUARY, 2024 by TAMMY DUGAL, who is personally known to me or who has produced a Florida driver's license as identification and who did/did not take an oath (circle one).

Diane M. Disanto

Notary Public
State of Florida

(Seal)





120 East Palmetto Park Road Suite 300
Boca Raton, FL 33432
Phone: (888) 450-7590

**CONFIRMATION OF COVERAGE BOUND
(BINDER CONFIRMATION)**

Lois Henrion
Atlantic Pacific Insurance, Inc. - Palm Beach Gardens
11382 Prosperity Farms Road, Suite 123
Ste. 123
Palm Beach Gardens, FL 33410

Jul 07, 2023

Re: DUGAL RANDALL S & DUGAL TAMMY M
Policy #:M367000014
Effective: 7/12/2023 to 7/12/2024

Dear Lois:

We are pleased to confirm the attached binder for **(Package)** being offered with **Atlantic Casualty Insurance Company**. This carrier is **Non-Admitted** in the state of **FL**. Please note that this binder is based on the coverage, terms and conditions as stated in the attached binder, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this binder carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms bound as per the attached and those terms originally requested. This coverage may not be bound without a fully executed CRC brokerage agreement.

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

Mailing Address: 11462 Okeechobee Blvd
Royal Palm Beach, FL 33411

Physical Address: 11462 Okeechobee Blvd,
Royal Palm Beach, FL 33411

Coverage as bound per the attached. Premium and Commission are as follows:

Premium:	\$32,478.00
TRIA Premium:	- REJECTED
Policy Fee	\$300.00
Inspection Fee	\$300.00
Surplus Lines Tax	\$1,634.05
Stamping Office Fee	\$19.85
FL EMPATF	\$4.00

Total: \$34,735.90

Broker Fees & Policy Fees are Fully Earned at Binding

Commission: 10%

If Non Admitted the following applies:

Florida Tax Filings are the responsibility of: () Your Agency (X) CRC

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Tax Affidavit Number (If applicable):

Home State:

The Home State was determined based on the information provided in your submission and the completed Declaration of Home State form. Please ensure the correct Home State is listed. Incorrect information could result in additional or return taxes, fees, surcharges, penalties, interest, and assessments at a later date, and in addition to what is shown. Additionally, please note that this is the current tax calculation based on the Home State but there could be changes that result in additional or return tax - due at a later date - based on future enactments of surplus lines laws by any of the various states.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement, and as necessary maintain proof of declination. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, business expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Credit Corporation, which is an affiliate of CRC, providing premium financing solutions for companies across the United States.

You can learn more about how premium financing works and how it can expand your relationship with your clients by emailing afcodirect@afco.com; or call toll-free **877-317-6437**, option 1. Additional information is available at <https://www.afco.com/partners/crc.html>.

Should you have any questions, please feel free to contact our office.

Sincerely,

Chris Testrake
(866) 841-8488
ctestrake@crcgroup.com
11639500

CONFIDENTIAL

CRC INSURANCE SERVICES
 Binder # M367000014
 Date: 07/07/23

Terrorism coverage is available for an additional premium, excluding applicable taxes.

Insurance Binder

This binder is valid for 30 days from the date of issuance.

Insurance Company: Atlantic Casualty Insurance Company (A+ IX)

Effective:	07/12/2023	Expiration:	07/12/2024
Producer:		Applicant:	DUGAL RANDALL S & DUGAL TAMMY M
Underwriter:	Chris TeStrake	Attention:	
AO Retailer:	12064700		

Minimum Earned Premium:	25%
Inspection Required:	YES
Commission:	10%
General Liability Premium:	\$10,800.00
Property Premium:	\$21,678.00

Total Premium:	\$32,478.00
Policy Fee:	\$300.00
Inspection Fee:	\$300.00
Surplus Lines Tax:	\$1,634.05
Emergency Management Preparedness	\$4.00
FLSO	\$19.85
Total:	\$34,735.90

Producer Information

General Agent Email: ctestrake@crcgroup.com
General Agent Phone:
General Agent Fax:

Applicant Information

Business Description: LRO - Animal Hospital
DBA:
Address: 11462 Okeechobee Blvd, Royal
Palm Beach, FL 33411
Premises Address: 11462 Okeechobee Blvd, Royal
Palm Beach, FL 33411

General Liability

Limits of Liability

General Aggregate:	\$2,000,000
Products/Completed Ops Aggregate:	INCL
Personal/Advertising Injury:	\$1,000,000
Per Occurrence:	\$1,000,000
Damage to Premises Rented (any one premises):	\$100,000
Medical Payments (any one person):	\$5,000

Applicable Classification(s):

Class

61217 Buildings or Premises-bank or office-mercantile or 4,427

Classification(s) exposure basis and rates:

Exposure	Basis	Prem Rate	Prod/Ops Rate
4,427	SF	239.121	INCL

CRC INSURANCE SERVICES
 Binder # M367000014
 Date: 07/07/23

Terrorism coverage is available for an additional premium, excluding applicable taxes.

manufacturing (lessors' risk only)- maintained by the insured-Other than Not-For-Profit

Deductible: \$250 PD per claim
Policy Form: General Liability - Occurrence Form

GL Total: \$10,800.00

Property

Location #: 1	Building #: 1	CSP Code: 0702
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Address: 11462 OKEECHOBEE BLVD
 ROYAL PALM BEACH, FL 33411

Occupancy:

Construction: Joisted Masonry

Protection Class: 1

Causes of Loss: Special Excl Theft

Deductible: \$ 2500

Wind/Hail: Included

Wind/Hail Deductible: 5% subject to \$5000 minimum

Water Damage Ded: 5000

Building

Limit: 845,000

Valuation: RC

Coinsurance: 80%

Premium: \$17178

Business Income

Limit: 250,000

Monthly Limit of Indemnity: 1/6

Max Period of Indemnity: NO

Extended Period of Indemnity: 0 days

Premium: \$4500

Property Total: \$21,678.00

Total: \$34,735.90

ENDORSEMENTS:

<u>Form</u>	<u>Edition</u>	<u>Description</u>
<u>A-MEP1</u>	0108	MINIMUM EARNED PREMIUM
<u>ACI-102</u>	0622	CLAIM REPORTING
<u>ACI-GLB</u>	0120	PRIVACY POLICY
<u>ACI-SOS</u>	0716	SERVICE OF SUIT ENDORSEMENT
<u>ACI0953</u>	0920	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
<u>ACI0995</u>	1120	CONDITIONAL EXCL OF TERRORISM- PROP/IM
<u>ACI2173</u>	0920	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
<u>ACI2187</u>	1120	CONDITIONAL EXCL OF TERRORISM- PROP/IM
<u>AGL-001</u>	0117	EXCLUSION - COMMUNICABLE DISEASE
<u>AGL-002</u>	0117	EXCLUSION - LEAD BEARING SUBSTANCE
<u>AGL-003</u>	0117	EXCLUSION - PUNITIVE DAMAGES
<u>AGL-004</u>	0117	EXCLUSION - ASBESTOS OR SILICA
<u>AGL-012</u>	0818	PREMIUM AUDIT DEPOSIT PREMIUM
<u>AGL-036</u>	0117	EXCLUSION - ANIMALS OR INSECTS
<u>AGL-054</u>	1218	EXCL - MOLD,BACTERIA,VIRUS AND ORG PATHOGEN
<u>AGL-062</u>	0922	EXCL-UNINS/UNDERINS TENANTS
<u>AGL-064</u>	0313	EXCLUSION - TOTAL POLLUTION
<u>AGL-066</u>	0313	LIMITATION - MAXIMUM AVAILABLE LIMIT OF INSUR
<u>AGL-068</u>	0313	EXCLUSION - EXPECTED OR INTENDED
<u>AGL-071</u>	0313	TERMS, CONDITIONS, AND PREMIUM
<u>AGL-073</u>	0117	EXCLUSION - MENTAL INJURY
<u>AGL-074</u>	0117	LIMITATION - RIGHT TO SELECT COUNSEL
<u>AGL-077</u>	1016	INSUR AGREEMENT AMENDMENT-USE OF EXTRINSIC EVID
<u>AGL-081</u>	0117	EXCLUSION - SUITS BETWEEN NAMED INSURED
<u>AGL-108</u>	0518	EXCLUSION - EMPLOYMENT-RELATED PRACTICES
<u>AGL-112</u>	0313	EXCLUSION - VOLUNTEER WORKERS
<u>AGL-114</u>	0313	AMENDMENT OF POLLUTANT DEFINITION
<u>AGL-131</u>	0415	EXCLUSION - CLAIMS IN PROCESS
<u>AGL-151</u>	0318	AUTO, AIRCRAFT, WATERCRAFT EXCLUSION
<u>AGL-179</u>	0322	CONDITION - WHEN WE DO NOT RENEW
<u>CG0001</u>	1001	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
<u>CG0220</u>	0312	FLORIDA CHANGES-CANCELLATION AND NONRENEWAL
<u>CG0300</u>	0196	DEDUCTIBLE LIABILITY INSURANCE
<u>CG2106</u>	0514	EXCL-ACCESS OR DISCLOSURE OF INFORMATION
<u>CG2136</u>	0196	EXCLUSIONS-NEW ENTITIES
<u>CG2144</u>	0798	LIMITATION OF COV TO DESIGNATED PREMISES
<u>CP0010</u>	1012	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
<u>CP0030</u>	1012	BUSINESS INCOME (AND EXTRA EXPENSE) COV FORM
<u>CP0090</u>	0788	COMMERCIAL PROPERTY CONDITIONS
<u>CP1030</u>	1012	CAUSES OF LOSS - SPECIAL FORM
<u>CP1033</u>	1012	THEFT EXCLUSION
<u>CPACI-0320</u>	0715	MULTIPLE DEDUCTIBLE FORM
<u>CPACI-0321</u>	0217	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
<u>CPACI-PDEXCL</u>	0721	PROPERTY EXCLUSION-PRIOR DAMAGE
<u>CPACVDEF</u>	0822	ACTUAL CASH VALUE DEFINITION
<u>CPMOLD</u>	1214	MOLD,FUNGUS,BACTERIA,VIRUS,ORGANIC PATHOGEN
<u>IL0017</u>	1198	COMMON POLICY CONDITIONS
<u>IL0021</u>	0908	NUCLEAR ENERGY LIAB EXCL END
<u>IL0255</u>	0316	FLORIDA CHANGES-CANCELLATION AND NONRENEWAL
<u>ILP001</u>	0104	OFAC

Comments:

PLEASE NOTE:

This binder will expire without further notice on 08/06/2023

Please review all terms and conditions shown within this binder with care, as terms and conditions may not conform to the specifications in your submission.

Transmittal Disclaimer: This message is strictly confidential and is intended solely for the person and/or organization to which it is addressed. It contains privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as practicable.

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company. This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA
SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES
CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA
INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF
RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

**SURPLUS LINES INSURERS' POLICY RATES AND
FORMS ARE NOT APPROVED BY ANY
FLORIDA REGULATORY AGENCY.**

NOTICE OF PRIVACY PRACTICES

What We Do To Protect Your Privacy

Atlantic Casualty Insurance Company®* believes that personal information that we collect about our customers, potential customers, proposed insureds (referred to collectively in this Privacy Policy as “customers”), or claimants must be treated with the highest degree of confidentiality. For this reason and in compliance with applicable laws, including the Gramm-Leach-Bliley Act (“GLBA”), we have developed a Privacy Policy that applies. For purposes of our Privacy Policy, the term “personal information” includes all information we obtain about a customer and maintain in a personally identifiable way. In order to assure the confidentiality of the personal information we collect and in order to comply with applicable laws, all individuals with access to personal information about our customers are required to follow this policy.

Protecting Confidentiality

Our agents and Company associates may have access to nonpublic personal information only for the purpose of providing our products or services to you. We maintain physical, electronic and procedural safeguards against unauthorized use of your nonpublic personal information.

Information We Obtain

To assist in underwriting and servicing your policy, we may obtain nonpublic personal information about you. For example, we routinely obtain information through applications, forms related to our products or services, from visiting www.atlanticasualty.net, and your transactions with us. We may obtain such information from our affiliates, independent insurance agents, general agents/managing general agents, governmental agencies, third parties, or consumer reporting agencies. The type of information that we collect depends on the product or service requested, but may include your name, address, contact information, social security number, credit history, claims history, information to properly investigate and resolve any claims, or billing information. We may obtain your medical history with your permission. The nature and extent of the information we obtain varies based on the nature of the products and services you receive.

The Internet and Your Information

If you would like to learn about how we gather and protect your information over the Internet, please see our online privacy statement at www.atlanticasualty.net/privacy. Generally, Atlantic Casualty may use cookies, analytics, and other technologies to help us provide users with better service and a more customized web experience. Our business partners may use tracking services, analytics, and other technologies to monitor visits to www.atlanticasualty.net. The website may use web beacons in addition to cookies. You may choose to not accept cookies by changing the settings in your web browser. Information obtained on our websites may include IP address, browser and platform types, domain names, access times, referral data, and your activity while using our site; who should use our web site; the security of information over the Internet; and links and co-branded sites.

NOTICE OF PRIVACY PRACTICES

Limited Disclosure

Atlantic Casualty Insurance Group companies do not disclose any nonpublic personal information about their customers or former customers except as permitted by law. We do not sell your personal information to anyone. We do not offer an opportunity for you to prevent or "opt out of" information sharing since we only share personal information with others as allowed by law. When sharing information with third parties to help us conduct our business, we require them to protect your personal information. We do not permit them to use or share your personal information for any purpose other than the work they are doing on our behalf or as required by law.

NOTICE OF PRIVACY PRACTICES

The types of information disclosed may include personal information we collect as necessary to service your policy or account, investigate and pay claims, comply with state and federal regulatory requests or demands, and process other transactions that you request. Third parties that receive disclosures may include your independent agent, a general agent/managing general agent, regulators, reinsurance companies, fraud prevention agencies, or insurance adjusters.

How Long We Retain Your Information

We generally retain your information as long as reasonably necessary to provide you services or to comply with applicable law and in accordance with our document retention policy. We may retain copies of information about you and any transactions or services you have used for a period of time that is consistent with applicable law, applicable statute of limitations or as we believe is reasonably necessary to comply with applicable law, regulation, legal process or governmental request, to detect or prevent fraud, to collect fees owed, to resolve disputes, to address problems with our services, to assist with investigations, to enforce other applicable agreements or policies or to take any other actions consistent with applicable law. In some circumstances we may anonymize your personal information (so that it can no longer be associated with you) for research or statistical purposes, in which case we may use this information indefinitely without further notice to you. This allows the specific information collected (name, email, address, phone number, etc.) to become anonymous, but allows Auto-Owners to keep the transaction or engagement data.

Changes to the Privacy Policy

We will provide a notice of our privacy policy as required by law. This policy may change from time to time, but you can always review our current policy by visiting our website at www.atlanticasualty.net/privacy or by contacting us.

Contact Us

Atlantic Casualty Insurance Company
Phone: 877-225-5744 extension 6381 (toll free)
Email: Compliance@atlanticasualty.net

*Atlantic Casualty Insurance Company includes our affiliate company Auto-Owners Specialty Insurance Company.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2024

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 Atlantic Pacific Insurance 11382 Prosperity Farms Road Suite 123 Palm Beach Gardens FL 33410	CONTACT NAME: Lois Henrion PHONE (A/C, No, Ext): (561) 624-1800 E-MAIL ADDRESS: lhenrion@apins.com FAX (A/C, No): (561) 626-3153
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Atlantic Casualty Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Randall & Tammy Dugal 141 Elva Place West Palm Beach FL 33405	NAIC # 42484

COVERAGES CERTIFICATE NUMBER: 23-24 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			M36700014	07/12/2023	07/12/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Employee Benefits \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Location; 11462 Okeechobee Blvd, Royal Palm Beach, FL 33414

CERTIFICATE HOLDER

Village of Royal Palm Beach
1050 Royal Palm Bch. Blvd.

Royal Palm Beach FL 33411

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