CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: **April 06, 2016**
TIME: **9:00 AM Development Review Committee Meeting**
LOCATION: **120 E. Main Street (Community Development Conference Room)**

I. Staff Comments on the following:

A. Special Events:

1. Event: Trader Maes Market
Date: April 9, 2016 thru April 10, 2016
Time: 9:00 A.M. thru 6:00 P.M.
Location: 2001 N. Rock Springs Road

B. Concept Plan:

2. Shupert's Cabinet Stop/Renovation SPR16-08C
Concept Plan
Parcel No.: 09-21-28-0198-10-340
Location: 179 W. 4th Street

C. Site Plans:

3. Victoria Plaza – Tijuana Flats SPR16-06R
Redevelopment Plan
Parcel No.: 05-21-28-0000-00-028
Location: 921 W. Orange Blossom Trail

D. Plats:

E. Street Name Review

F. FLUM / Rezoning:

G. Special Exception:

II. Other Business:

A. Public Hearing:

B. Vacate/Variance:

C. Request for Extension:

D. Discussion:

E. Peddlers Permit:

F. Plan Final Review and Sign-off: **Projects at "Zoning Counter"**

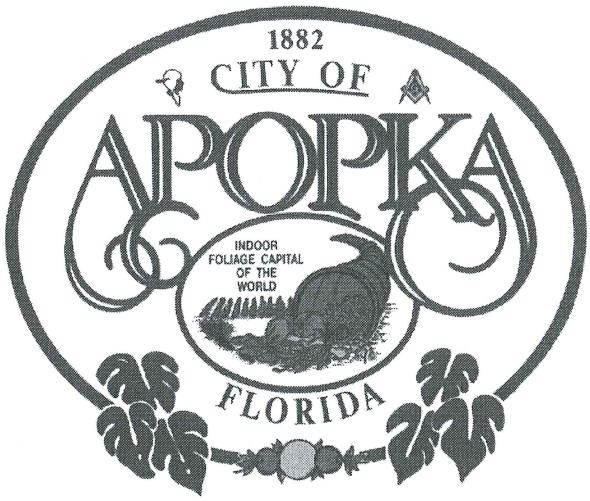
Please direct any comments or questions concerning the items scheduled for this meeting to the Community Development Department at (407) 703-1712.

David B. Moon

David B. Moon, AICP,
Planning Manager

Backup material for agenda item:

1. Event: Trader Maes Market
   Date: April 9, 2016 thru April 10, 2016
   Time: 9:00 A.M. thru 6:00 P.M.
   Location: 2001 N. Rock Springs Road



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MAR 30 2016
By et

City of Apopka

Special Events Permit Application

Special Events Permit Checklist

- ❑ Completed Special Event Permit Application.
- ❑ A site plan (MAP) or Parade/Race Route *MUST be* submitted with your application. Map must identify location of staging, tents, parking, barricades, vendors, and restrooms.
- ❑ A certificate of general liability insurance listing the "City of Apopka" as 'Additional Insured' must be submitted. Other insurance coverage may be required.
- ❑ A non-refundable application fee of $50.00 or completed application for waiver of permit fee is due when application is submitted.
- ❑ Letter from the property owner granting permission for use of their property.
- ❑ Signed and notarized hold harmless agreement.
- ❑ A list of all concessionaries and vendors (if applicable).
- ❑ Copies of flyers and advertisements (if applicable).

*All applications must be submitted 30 days prior to the event date.

*All required documentation must be attached with the application. A partial application submission will not be accepted.

Tents:
-Copy of Certificate of Flame Resistance for tent.
-City Inspection Sheet signed by Fire/Building Department Officials
-Copy of tent permit from Building Department

Special Events Permit
Non-City Property

Applicants Information

Name of Applicant: Anna M. Reta Phone: 407.690.6504

Address: 2001 N. Rock Spring Rd City: Apopka

ZIP: 32712 Email address: Annmarierta@yahoo

Secondary Contact: Denise Harper Phone: 407.325.9728.

If Special Event is for an organization, please also complete below

Name of Organization: TRADER MAES. MARKET

Tax Exempt: Yes: _____ No: _____ State of Florida Tax Number: _____

If claiming tax exemption a copy of 501-C3 and tax exemption certificates must be provided. Taxes will be charged if not provided.

Type of Event

Name of the Event: Spring Festival

Date(s) of the Event: 04/09 - 04/10/2016 Hours of Event: 9:00 AM - 6:00 PM

Location of the Event: 2001. N. Rock Spring Road. Apopka, 32712

Briefly describe the event and all activities that will occur during the event:

Sales in Shops, Vendors out in garden OFFering Arts/Crafts Food TRUCK, FREE DRINKS

Expected attendance: 300 - 400

Will there be admission, vendor, participant or other fees: Yes: _____ No: Y

Will you be serving alcohol: Yes: _____ No: N

Special Events Permit
Non-City Property (*Continued*)

Type of Event

Description of any equipment being used (Tents, Banners, Signs, Animals, Etc.): _____

Tents in garden AREA for Vendors

Will you have any street, lane, or sidewalk closures? Yes:_____ No: X

If yes, explain: _____

Once your completed event permit is received the following will happen:

- The event calendar will be checked to make sure there are no conflicting events (if so, you will be notified immediately).
- Your application will be submitted and reviewed by DRC (Development & Review Committee).
- If approved the event may require additional approval from the City Council.
- You may be required to hire off-duty Apopka Police and Fire Fighters depending on the size of the event.
- Applicants must provide adequate restroom facilities during event.
- Meetings are scheduled, if need be, to solve any conflicts or concerns.
- If approved, your final permit will be sent to you.
- You must have your final permit with you on the day of your event. If you don't provide it when asked, your event may be shut down.

For further information, to determine if the event location is in the City limits, or to inquire about special requirements for your event, please contact the Community Relations and Events Manager, at 407-703-1809, or visit us at 120 E. Main Street, 1st Floor, Apopka, Florida, Monday through Friday, 8:00 a.m. until 4:30 p.m.

FOR OFFICIAL USE ONLY

DRC APPROVAL:_____ DATE:_____

DRC COMMENTS:

_____

_____

FIRE APPROVAL:_____ DATE:_____

FIRE COMMENTS:

_____

_____

POLICE APPROVAL:_____ DATE:_____

POLICE COMMENTS:

_____

_____

CITY COUNCIL WILL CONSIDER THIS REQUEST SUBJECT TO APPLICANT MEETING ALL CITY REQUIREMENTS ON:

MEETING DATE:_____ APPROVED:_____ DENIED:_____

PERMIT FEE: $50.00 DATE PAID: _____ REC'D BY: _____ DATE EXEMPTED:_____

HOLD HARMLESS AGREEMENT

I, Anna Marie Rita, HEREBY REPRESENT, STIPULATE CONTRACT AND AGREE THAT Trader Maes WILL JOINTLY AND SEVERALLY INDEMNIFY AND HOLD THE CITY OF APOPKA HARMLESS AGAINST LIABILITY, INCLUDING COURT COSTS AND ATTORNEY'S FEES, AND INCLUDING ATTORNEY'S FEES FOR AN APPEAL, FOR ANY AND ALL CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO OR DEATH OF PERSONS ARISING OUT OF OR RESULTING FROM THE ISSUANCE OF THE PERMIT OR THE CONDUCT OF THE ASSEMBLY OR ANY OF ITS PARTICIPANTS.

Anna Marie Rita
PRINTED NAME OF APPLICANT

Anna M. Rita
SIGNATURE OF APPLICANT

03/29/2016
DATE SUBMITTED

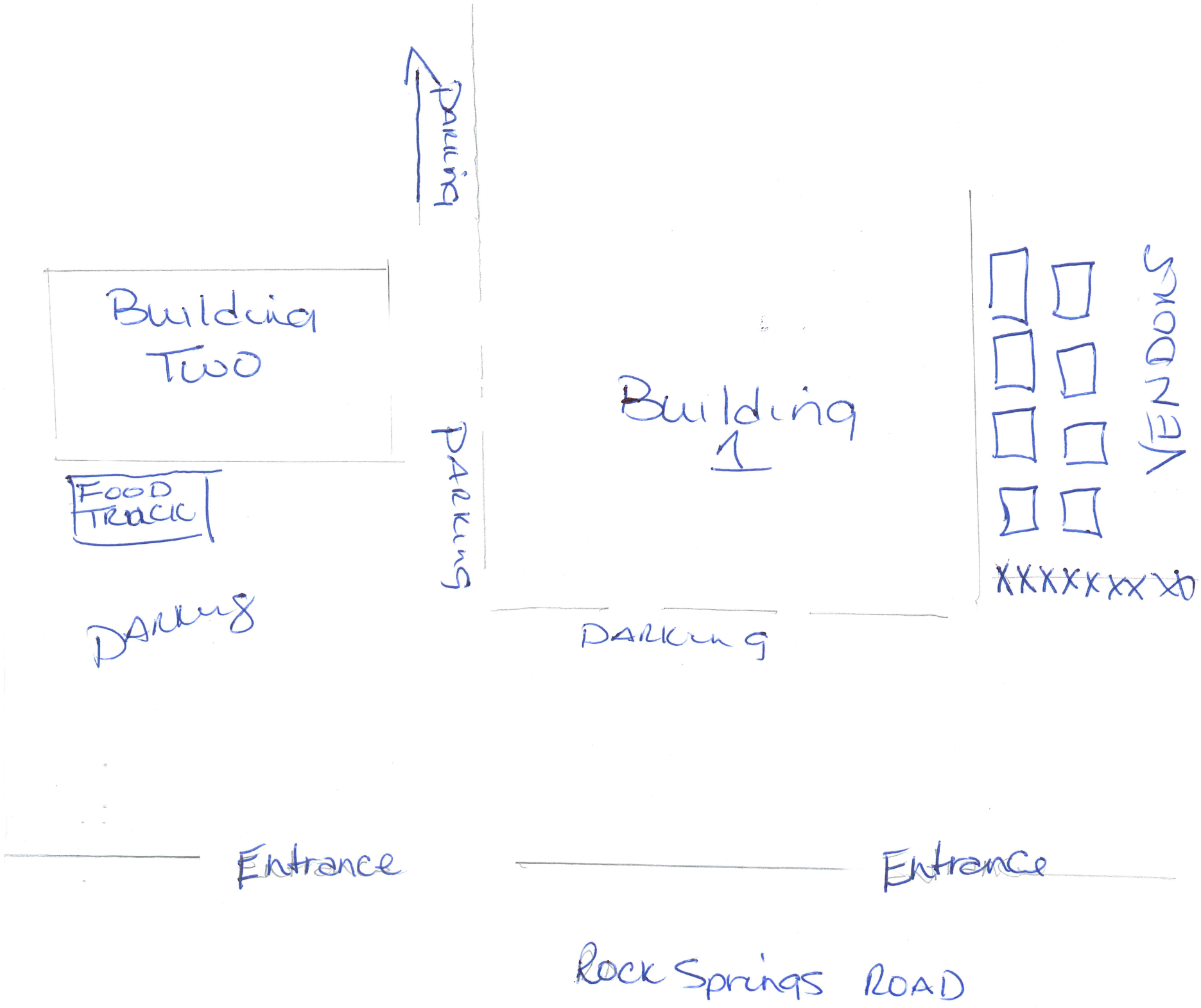
STATE OF FLORIDA
COUNTY OF ORANGE

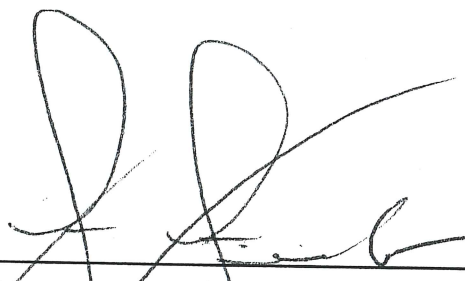
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 29th DAY OF March, 2016 BY Anna Marie Rita, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED ✓ AS IDENTIFICATION.

Susan M Bone
NOTARY PUBLIC SIGNATURE

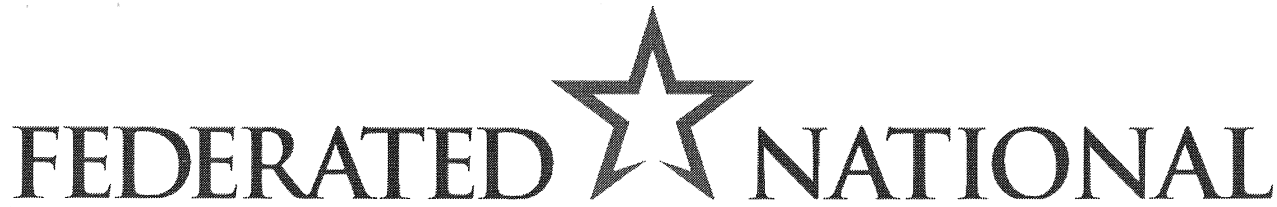
Susan M. Bone
NOTARY PUBLIC PRINTED NAME

SUSAN MARIE BONE
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF114088
Expires 4/25/2018


Parking
Building Two
Building 1
VENDORS
FOOD TRUCK
PARKING
PARKING
PARKING
Entrance
Entrance
Rock Springs ROAD

I,  John Fredricks authorize Trader Mae's Furniture and Decor market to use the entire property located at 2001 N. Rock Springs Road, Apopka, Florida 32712 for any and all special events.

Dated: 03/29/2016



14050 NW 14th Street, Suite 180
Sunrise, FL 33323
Claims or inquiries 1-800-293-2532
FedNat.com

Commercial General Liability Policy

READ YOUR POLICY CAREFULLY.
This is a legally binding contract between the policy owner and the Company.

This policy consists of:

Policy Declarations

Please visit FedNat.com to view your applicable policy forms and endorsements. Click Customer Service followed by the e-Forms Library or type this URL into your internet browser http://www.fednat.com/customer-service/e-form-library. You have the right to request and obtain without charge a paper or electronic copy of your policy and endorsements by contacting your agent or calling customer service at (800) 293-2532.

In Witness Whereof, this company has caused this policy to be signed, but if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the company.

President

Insurance provided by the Company designated below

FEDERATED NATIONAL INSURANCE COMPANY
COMMERCIAL LIABILITY POLICY
POLICY DECLARATIONS

POLICY NUMBER: HM-0000009627-01

Named Insured and Mailing Address:	Producer Name and Address:
TRADER MAES	GREAT FLORIDA INSURANCE
	1596 W ORANGE BLOSSOM TRAIL
2001 N. ROCKSPRINGS RD	APOPKA FL 32712
APOPKA, FL 32712	(407)434-1145 (866)851-4169
40769065604	Producer Code: 24152

Insured is: ✔ Corporation _____ Partnership _____ Individual _____ Association

Business of Insured: CONSIGNMENT SHOP

Policy Period: This policy is in force from 07/04/2015 to 07/04/2016 at 12:01:00 A.M. at your mailing address shown above.

These Declarations, together with the Common Policy Conditions, and the General Liability Coverage Part (which consists of coverages forms and endorsements, if any, issued to form a part of it) complete the policy.

LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	$2,000,000
Products-Completed Operations Aggregate Limit	$2,000,000
Personal & Advertising Injury Liability Limit	$1,000,000
Each Occurrence Limit	$1,000,000
Fire Damage Limit (Any One Fire)	$100,000
Medical Expense Limit (Any One Person)	$5,000
Total Provisional Policy Premium	$550.00
Fees and Inspection Costs (if applicable) MGA Fee	$25.00
Florida Insurance Guaranty Association 2006 Regular Assessment	N/A
Florida Insurance Guaranty Association 2006 Emergency Assessment	N/A
Florida Insurance Guaranty Association Fee 2007 Regular Assessment	N/A
Florida Insurance Guaranty Association Fee 2012 Regular Assessment	N/A
Florida Hurricane Catastrophe Fund Fee	
Total Payable Now	$575.00

The policy is subject to audit

Forms and endorsements attached to this policy at time of issue:
FNIC GL4 (01 13), FNIC 1071 (04 03), FNIC 1002 (04 03), CG 02 20(04 11), CG 03 00 (01 96), CG 21 36 (03 05), CG 21 37 (10 01), CG 21 39(10 93), CG 21 42(12 04), CG 21 44 (07 98), CG 21 46 (07 98), CG 21 47(12 07), CG 21 67(12 04), CG 21 86 (12 04), CG 21 96(03 05), CG 22 94 (10 01), IL 00 17(11 98), IL 00 21(09 08), FNIC 00 01 (05 09), FNIC 2g (10 09), FNIC 5g (05 09), FNIC 6 (05 09), FNIC 71s (05 09), FNIC 84s (05 09), FNIC 901 (04 03), FNIC 952 (05 09), FNIC 964 (05 09), FNIC 974 (05 09), FNIC 975 (05 09), FNIC 981 (05 09), FNIC 982 (05 09), FNIC 990 (02 12), FNIC 991 (01 09), FNIC 992 (01 09), FNIC 993 (01 09), CG 21 32 (05 09), FNIC 994 (10 13); CG 21 16 (07 98); CG 21 73 (01 15); FNIC 998 (05 14); CG 20 10 (07 04);

Countersigned by _____ at Florida Date: 7/9/2015
Authorized Representative

FEDERATED NATIONAL INSURANCE COMPANY

Named Insured: TRADER MAES

POLICY: HM-0000009627-01

Commercial Liability Declarations Schedule
(Continued)

Hazards

Classification	Code	Premium Basis	Rate	Premium Deposit
STORES - NO FOOD OR DRINK - OTHER THAN	18437	40000	1.834	269
STORES - NO FOOD OR DRINK - OTHER THAN	18437	40000	0.864	231
ADDITIONAL INSURED	44446	1	50	50
2001 N. ROCKSPRINGS RD APOPKA FL, 32712	LOCATION #1			

* MINIMUM PREMIUM POLICY ** PREMIUM INCLUDES CLAIMS FREE DISCOUNT; RENEWAL DISCOUNT;

TBD =To be determined at Audit

(c) cost	(c) per $1,000
(e) each	(e) per each
(p) payroll	(p) per $1,000
(r) receipients	(r) per $1,000
(s) sales	(s) per $1,000
(u) units	(u) per each

DocuSign Envelope ID: B8837D5A-0062-4E46-A7D3-0ABBA1D5C9D3

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/06/2015

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).

PRODUCER	CONTACT NAME: LORY GONZALEZ	
GREAT FLORIDA INSURANCE OF APOPKA 1596 W Orange Blossom Trail Apopka FL 32712	PHONE (A/C, No, Ext): (407) 434-1145	FAX (A/C, No): (407) 641-9731
	E-MAIL ADDRESS: ingris.aguilar@greatflorida.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : FEDERATED NATIONAL INS CO	27980
INSURED Trader Maes 2001 N. Rocksprings Rd Apopka FL 32712	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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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 ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	X		HM-0000009627-01	07/04/2015	07/04/2016	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	$ 2,000,000
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) 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)

CERTIFICATE HOLDER

City of Apopka
120 E Main St
Apopka FL 32703

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
DocuSigned by:
Ingris Aguilar
5BCEE772C8D4424...

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COMMERCIAL POLICY CHANGE REQUEST

DATE 11/13/2015

AGENCY GREAT FLORIDA INSURANCE
1596 W ORANGE BLOSSOM TRAIL
APOPKA FL 32712

PHONE (407)434-1145
FAX (866)851-4169

CODE 24152

POLICY TYPE
GENERAL LIABILITY

COMPANY
FEDERATED NATIONAL INSURANCE COMPANY

ATTN:

INSURED'S NAME	**POLICY NUMBER**	**EFFECTIVE DATE OF CHANGE**
TRADER MAES	HM-0000009627-01	11/13/2015 12:01:00 AM
INSURED'S MAILING ADDRESS	**POLICY INCEPTION DATE**	**POLICY EXPIRATION DATE**
2001 N. ROCKSPRINGS RD APOPKA, FL 32712	07/04/2015	07/04/2016

THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVAL, THE COMPANY'S RECORDS WILL BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS REQUIRED, IT WILL BE DONE AT PREMIUM AUDIT OR BY ENDORSEMENT.

GENERAL LIABILITY - LIMITS ☐ CHANGE

GENERAL AGGREGATE	$2,000,000	DAMAGE TO RENTED PREMISES	
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$2,000,000	MEDICAL EXPENSE (ANY ONE PERSON)	$5,000
EACH OCCURANCE	$1,000,000	EMPLOYEE BENEFITS	

GENERAL LIABILITY – SCHEDULE OF HAZARDS

TYPE OF CHANGE	LOCATION NUMBER	CLASSIFICATION	CLASS CODE	

ADDITIONAL INTEREST ☐ ADD ☐ CHANGE ☐ DELETE

☐	ADDITIONAL INSURED	NAME AND ADRRESS	☐ CERTIFICATE REQUIRED
☐	LOSS PAYEE		OTHER
☐	MORTGAGEE		
☐	LEINHOLDER		
☐	EMPLOYEE AS LESSOR		

ADDITIONAL CHANGES/REMARKS

DESCRIPTION AS ENTERED BY AGENT
ADDING WAIVER OF SUBROGATION OF THE CITY OF APOPKA. THEY ARE REQUIRING
CHANGES DETECTED BY SYSTEM
WAIVER TRANS. RIGHTS OF RECOV COVERAGE ADDED
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

THE FOLLOWING FORM(S) AND ENDORSEMENT(S) HAVE BEEN ADDED TO THIS POLICY.

SIGNATURE (any deletion or reduction in coverage requires the Insured's signature)

INSURED'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
	11/13/2015	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change Number 2

POLICY NUMBER	POLICY CHANGES EFFECTIVE	COMPANY
HM-0000009627-01	11/13/2015 12:01:00 AM	**FEDERATED NATIONAL INSURANCE COMPANY**

NAMED INSURED	AUTHORIZED REPRESENTATIVE
TRADER MAES	GREAT FLORIDA INSURANCE 1596 W ORANGE BLOSSOM TRAIL APOPKA FL 32712

COVERAGE PARTS AFFECTED

GENERAL LIABILITY

CHANGES

IN CONSIDERATION OF THE ADDITIONAL PREMIUM OF $100.00, IT IS HEREBY AGREED AND UNDERSTOOD THAT THE ABOVE REFERENCED POLICY IS CHANGED EFFECTIVE 11/13/2015 AS FOLLOWS;

WAIVER TRANS. RIGHTS OF RECOV COVERAGE ADDED
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

THE FOLLOWING FORM(S) AND ENDORSEMENT(S) HAVE BEEN ADDED TO THIS POLICY.
CG 24 04 (10 93);

11/13/2015 1:14:57 PM

Previous Premium Sub-Total:	$550.00
New Premium Sub-Total:	$650.00
Increase Amount:	$100.00
Pro Rata:	0.639
Premium Difference:	$100.00
F.H.C.F. Difference:	
Change in Premium:	$100.00

Authorized Representative Signature

Copyright, Insurance Services Office, Inc., 1983
Copyright, ISO Commercial Risk Services, Inc., 1983

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
CITY OF APOPKA
120 E. MAIN ST
APOPKA , FL 32703

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section **IV** – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

Copyright, Insurance Services Office, Inc., 1992

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/13/2015

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PRODUCER	CONTACT NAME:	
GREAT FLORIDA INSURANCE 1596 W ORANGE BLOSSOM TRAIL APOPKA FL 32712 (407)434-1145 (866)851-4169	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	INFO.APOPKA@GREATFLORIDA.COM
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : FEDERATED NATIONAL INSURAN(	10790
INSURED TRADER MAES 2001 N. ROCKSPRINGS RD APOPKA, FL 32712	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
✔	GENERAL LIABILITY						EACH OCCURRENCE	$ $1,000,000
	✔ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ $100,000
	CLAIMS-MADE ✔ OCCUR	✔	✔	HM-0000009627-01	07/04/2015	07/04/2016	MED EXP (Any one person)	$ $5,000
							PERSONAL & ADV INJURY	$ $1,000,000
							GENERAL AGGREGATE	$ $2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ $2,000,000
	✔ POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

THIS IS AN ADDITIONAL INSURED

CONSIGNMENT SHOP

CERTIFICATE HOLDER

CITY OF APOPKA
120 E. MAIN ST
APOPKA , FL 32703

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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