EXHIBIT B



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/10/2025

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

	e terms and conditions of the policy,			licies may require an endo	orsemen	t. A statem	ent on this co	ertificate does not confer	rights	to the		
_	DUCER		(-)		NAME: Karen Slater-Jones							
LRA	Insurance				PHONE (407) 939-3445 FAX (407) 939-3460							
P. 0	. Вож 948173				AJC, No. Ext; (1977) 636-3423 AJC, No.; (1977) 636-342							
					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC							
Mai	tland FL 32	794			INSURER		32727					
INSU				-		010172						
	ion Promos & Events, Inc											
	51 Mangrove Cay Lane NE, Sto	311	ı		INSURER C:							
	or imageore out ame in, be		-									
e+	Petersburg FL 33	716			INSURER E:							
_) ATE	AUBIDED, 24 OF West	INSURER	tF:		DEVICION NUMBER				
	VERAGES CEI			NUMBER: 24-25 Mast		D TO THE IN		REVISION NUMBER:	DEDIO	1		
C	DICATED. NOTWITHSTANDING ANY REQ ERTIFICATE MAY BE ISSUED OR MAY PER ICLUSIONS AND CONDITIONS OF SUCH	UIREN RTAIN, POLIC	MENT, THE II IES. LI	TERM OR CONDITION OF AN NSURANCE AFFORDED BY T IMITS SHOWN MAY HAVE BE	NY CONT	RACT OR OTI CIES DESCRI JCED BY PAIL	HER DOCUME BED HEREIN I CLAIMS.	NT WITH RESPECT TO WHI	CH THIS			
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY	POLICY EXP	LIMIT	\$			
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000		
A	X CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	300,000		
		x		ZISMB027108		10/22/2024	10/22/2025	MED EXP (Any one person)	\$	Excluded		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	OTHER:							Accident Only Coverage	\$	1,000,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	5			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$			
	Autos							r ci dooddin	s			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							PER OTH-				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandstory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						E.L. DISEASE - EA EMPLOYEE	s			
								E.L. DISEASE - POLICY LIMIT	s			
		1			_				3			
В	General Liability - Warehouse			3AA835616	10/22/2024	10/22/2024	10/22/2025	Aggregate		2,000,000		
								Per claim		1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 11/15/25 Event Certificate holder is included as additional insured with respects to the General Liability coverage where required by written contract.												
CER	TIFICATE HOLDER				CANCE	LLATION						
Saint Andrew's Chapel 5525 Wayside Dr Sanford, FL 32771						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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B Tomlinson/KSLATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/14/2025

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.

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	his certificate does not co					uch endo			require an endorser	nem	. A 5	taterrient on
PRO	DOUCER					CONTACT NAME:	Mike E. I	Richey				
	Richey Insurance Age 235 Bellagio Circle					(407)	321-8898	FAX	FAX (A/C, No): (407) 321-2851			
	Sanford, FL 32771					E-MAIL ADDRESS:			nceagency.com	112/2		
	•					7.0011.00	IN:	SURER(S) AFFO	RDING COVERAGE			NAIC#
						INSURER A	A	ONE MUTUA				15032
INSL	URED SAINT ANDREWS CH				INSURER B :							
	5525 Wayside Dr					INSURER C : INSURER D :						
	Sanford, Fl 32771											
						INSURER E:						
CO	VERAGES	TIFIC	CATE	NUMBER:	REVISION NUMBER:						1	
C	HIS IS TO CERTIFY THAT THODICATED. NOTWITHSTAND ERTIFICATE MAY BE ISSUE XCLUSIONS AND CONDITION	ing any ri Dor may	PERT POLI	REMEN' 'AIN, TI CIES. LI	T, TERM OR CONDITION HE INSURANCE AFFORD	OF ANY C ED BY THE BEEN REC	ONTRACT E POLICIE UCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RES D HEREIN IS SUBJEC	SPEC	OT TO	WHICH THIS
LTR	TYPE OF INSURANC	E	INSD	SUBR	POLICY NUMBER	POLICY EFF POLICY I (MM/DD/YYYY) (MM/DD/Y			LIMITS			
Α	✓ COMMERCIAL GENERAL LIABILITY				1261 838	0:	03/31/2025	03/31/2026	EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE 🗸	OCCUR							DAMAGE TO RENTED PREMISES Ea occurrence)	\$	1,000,000
									MED EXP (Any one person) [\$	10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	,	\$	1,000,000
									GENERAL AGGREGATE		\$	3,000,000
	POLICY PRO- JECT	LOC	ļ						PRODUCTS - COMP/OP A	GG	\$	3,000,000
	OTHER:										\$	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)		\$	
	ANY AUTO								BODILY INJURY (Per person	n)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS	OS	F						BODILY INJURY (Per accid	ent)	\$	
	HIRED NON-OWNED AUTOS ONLY								PROPERTY DAMAGE (Per accident)		\$	
											\$	
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$										\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	ECUTIVE Y/N	N/A		1221 320	03/31/2025	/31/2025	03/31/2026	PER OTI STATUTE ER	1-		
									E.L. EACH ACCIDENT		\$	100,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLO	YEE:	\$	100,000	
_									E.L. DISEASE - POLICY LIN	AIT :	\$	500,000
į			}									
DEC	DIDTION OF OPERATIONS											
	RIPTION OF OPERATIONS / LOCAT						iched if more	space is require	ed)			
"Sei	minole County, Florida will b	e added as	Addit	ional In	nsured and a Waiver of S	ubrogation	will apply	, pending per	mit approval.			
NO	TE: COI revised 7/14/25 to s	how Morkey	رم م	mnens	ation coverage							
.10	. E. OCTTOVISON 1114/20 (0 5	HOUR WOLKE	is U U	mpensi	auon coverage-							
CEP	RTIFICATE HOLDER					CANCEL	LATION					
<u> </u>	THE PARTY HOLDER			_		CANCEL	LATION					

SEMINOLE COUNTY, FL 1101 E FIRST ST SANFORD, FL 32771 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

mike E. Richey



CERTIFICATE OF LIABILITY INSURANCE

07/09/2025

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H 41	f SUBROGATION IS WAIVED, subject to the terms and conditions his certificate does not confer rights to the certificate holder in liet	s of the	e policy, certain po ch endorsement(s	olicies may :).	require an endorsemen	L ASI	atement on			
-	DDUCER 386-775-1781		CONTACT First Commercial Insurance Agency							
Fire	st Commercial Insurance Agency	1	PHONE (A/C, No, Ext): 386-775-1781 [A/C, No):							
	O. Box 295		ADAIL ADAIL Insuranceguy@cfl.rr.com							
١, ,,	0. DOX 200		INSURER(S) AFFORDING COVERAGE NAIC #							
Ca	ssadaga, FL 32706		INSURERA: BEAZLEY / CERTAIN UNDERWRITERS A 37540							
	URED 4072772286		INSURER B: INFINITY ASSUR INS CO 39497							
Bo	unce Orlando LLC		INSURER C: MARK	EL INSUR	ANCE COMPANY		38970			
	22 N. Forsyth Rd	Ī	INSURER D:							
		INSURER E :								
Wi	nter Park, FL 32792		INSURER F :							
	VERAGES 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 SUBR POLICY NUM	(BER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS							
	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,00	0,000			
Α	CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Es occurrence)	\$ 300,000				
	✓ 3 Yr Built In Reporting Form ZISMB150	8 04	05/18/2025	05/18/2026	MED EXP (Any one person)	\$ 25,0	00			
	Retroactive Date: 05/18/2021				PERSONAL & ADV INJURY	\$ 1,00	0,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,00	*			
	POLICY PRO-				PRODUCTS - COMP/OP AGG	\$ 2,00	0,000			
_	OTHER:		06/05/2025	06/05/2026	COMBINED SINGLE LIMIT	MBINED SINGLE LIMIT (\$ 500				
	AUTOMOBILE LIABILITY 50024474	901			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)					
В	ANY AUTO OWNED SCHEDULED				BODILY INJURY (Per accident) \$					
	AUTOS ONLY AUTOS HIRED NON-OWNED				PROPERTY DAMAGE		_			
	AUTOS ONLY AUTOS ONLY				(Per accident)	\$				
	UMBRELLA LIAB OCCUP	_				_				
	OCCOR				EACH OCCURRENCE	\$				
	OLANINO-WADE				AGGREGATE	\$				
	DED RETENTION \$ WORKERS COMPENSATION			10/16/2025	PER OTH-	Ψ				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N MWC017440	04-05	10/16/2024		E.L. EACH ACCIDENT	\$ 1,00	0.000			
С	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)				E.L. DISEASE - EA EMPLOYEE	The second secon				
	f yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	1 000 0				
	DESCRIPTION OF OPERATIONS DEAW									
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks !	Schedule	, may be attached if more	space is require	d)					
	nusement Device Rentals									
Th	e Certificate Holder is named as Additional Insu	ured i	regards the g	eneral lia	bility policy for al	l eve	nts.			
	RTIFICATE HOLDER	CANCELLATION								
	nt Andrew's Chapel		SHOULD ANY OF T	HE ABOVE DI	SCRIBED POLICIES BE CA	ANCELL	ED BEFORE			
	5 Wayside Drive		THE EXPIRATION	DATE THE	REOF, NOTICE WILL B	E DEL	IVERED IN			
San	ford, FL 32771		ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE							
		ŀ								
		AUTHORIZED REPRESENTATIVE Unthony Company								