CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/15/2025

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 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
Insurance Office of America
1855 West State Road 434
Longwood FL 32750

CONTACT NAME:
PHONE (A/C, No, Ext): 407-788-3000 **FAX (A/C, No):** 407-788-7933
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nonprofits Insurance Alliance of California, Inc.	
INSURER B : Great American Insurance Company	16691
INSURER C : Technology Insurance Company, Inc.	42376
INSURER D :	
INSURER E :	
INSURER F :	

INSURED HOPEHEL-02
Hope Helps, Inc.
812 Eyrie Drive
Oviedo FL 32765

COVERAGES **CERTIFICATE NUMBER:** 1341689476 **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	X COMMERCIAL GENERAL LIABILITY			02-CP-0081258-01-02	11/20/2025	11/20/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						SxlPhysAbuse	$ 1,000,000
A	AUTOMOBILE LIABILITY			02-CP-0081258-01-02	11/20/2025	11/20/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	X OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			TWC4573484	3/1/2025	3/1/2026	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
B	D&O			EPP4032574	2/12/2025	2/12/2026	Per Claim/Aggregate	1,000,000
A	Professional			02-CP-0081258-01-02	11/20/2025	11/20/2026	Per Claim/Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured - Owners, Lessees or Contractors CG 20 10 12 19
Additional Insured - Managers or Lessors of Premises CG 20 11 12 19
Additional Insured - State or Political Subdivisions - Permits CG 20 12 04 13
Additional Insured - Mortgagee, Assignee or Receiver CG 20 18 04 13
Additional Insured - Charitable Institutions CG 20 20 11 85
Additional Insured - Designated Person or Organization CG 20 26 12 19
Additional Insured - Owners, Lessees or Contractors - Completed Operations CG 20 37 12 19
Additional Insured – Primary and Non-Contributory – For Designated Person or Organization NIA-002 SSP 03 25
See Attached...

CERTIFICATE HOLDER
Seminole County, Florida
1101 E First Street
Sanford FL 32771

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


CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/15/2025

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PRODUCER Insurance Office of America 1855 West State Road 434 Longwood FL 32750	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 407-788-3000 **FAX (A/C, No):** 407-788-7933 **E-MAIL ADDRESS:**
INSURED Hope Helps, Inc. 812 Eyrie Drive Oviedo FL 32765 HOPEHEL-02	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Nonprofits Insurance Alliance of California, Inc. **INSURER B :** Great American Insurance Company — 16691 **INSURER C :** Technology Insurance Company, Inc. — 42376 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 802085687 **REVISION NUMBER:**

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	ANY AUTO						BODILY INJURY (Per person)	$
	X OWNED AUTOS ONLY; SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			TWC4573484	3/1/2025	3/1/2026	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$ 1,000,000
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							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
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Additional Insured - Owners, Lessees or Contractors - Completed Operations CG 20 37 12 19
Additional Insured – Primary and Non-Contributory – For Designated Person or Organization NIA-002 SSP 03 25
See Attached...

CERTIFICATE HOLDER

Seminole County Sheriff's Office
100 Eslinger Way
Sanford FL 32773

CANCELLATION

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AUTHORIZED REPRESENTATIVE