



SURETY RIDER
 Liberty Mutual Surety
 1001 4th Avenue, Suite 1700
 Seattle, WA 98154

To be attached to and form a part of

Bond No. 32S372367

Cross Ref:

Type of

Bond: Clerk of the Circuit Court and Comptroller for Indian River County, Florida

dated

effective 07/01/2012
 (MONTH-DAY-YEAR)

executed by JEFFREY R SMITH
 (PRINCIPAL)

, as Principal.

and by American States Insurance Company

, as Surety.

in favor of Governor of the State of Florida
 (OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The named obligee

FROM GOVERNOR OF THE STATE OF FLORIDA, 400 S MONROE ST, TALLAHASSEE FL 32399
 TO INDIAN RIVER COUNTY BOARD OF COMMISSIONERS, 1801 27th ST, VERO BEACH FL 32958

The bond dates:

TO 01/07/2013 - 01/17/2017

Approved By the Indian River County
 Board of County Commissioners on
 December 18, 2012

Joseph E. Flescher

 Joseph E. Flescher, Chairman

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider

is effective 12/12/2012
 (MONTH-DAY-YEAR)

Signed and Sealed 12/20/2012
 (MONTH-DAY-YEAR)

JEFFREY R SMITH
 (PRINCIPAL)

By: _____

(PRINCIPAL)

American States Insurance Company

(SURETY)

By: _____

(ATTORNEY-IN-FACT) LOIS ROBERTSON





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/5/2017

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 Schlitt Insurance Services 1717 Indian River Boulevard Suite 300 Vero Beach FL 32960	CONTACT NAME: Lois Robertson	
	PHONE (A/C, No, Ext): (772) 567-1188 FAX (A/C, No): (772) 778-1416 E-MAIL ADDRESS: lois@schlittservices.com	
INSURED Clerk of the Circuit Court Jeffrey R. Smith 325 28th CT SW Vero Beach FL 32968	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American States Insurance Co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL171503323 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Public Official Bond		328372367	1/7/2013	1/17/2017	Limit \$100,000

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

CERTIFICATE HOLDER Sample Certificate Only for one Registered in Your Name Please call 772-567-1188 Ext 126	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 R Schlitt Jr./LAR

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