



Florida League of Cities, Inc.  
Department of Insurance Services  
P.O. Box 538135  
Orlando, FL 32853-8135  
(800) 445-6248 / Fax: (407) 425-9378

ISSUED TO:

City of Fort Pierce  
P.O. Box 1480  
Fort Pierce, FL 34954

FMIT Number: **0195**

## BINDER OF COVERAGE

THIS IS TO CERTIFY THAT THE ABOVE NAMED MEMBER HAS SECURED COVERAGES THROUGH THE FOLLOWING SELF INSURANCE PROGRAM EFFECTIVE OCTOBER 01, 2023

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Florida Municipal Insurance Trust | <input checked="" type="checkbox"/> General Liability    |
| <input checked="" type="checkbox"/> Property                          | <input checked="" type="checkbox"/> Auto Liability       |
| <input checked="" type="checkbox"/> Workers' Compensation             | <input checked="" type="checkbox"/> Auto Physical Damage |

This Binder of Coverage expires December 31, 2023 and will be replaced by a coverage document. Failure to pay premiums in accordance with the payment policies will necessitate cancellation of this binder.

Date Issued: September 25, 2023

Authorized Representative

Limits of Liability and Deductible information are on file with the Administrator.