

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

statement on this certificate does not comer rights to the certificate notice in ned of such endorsement(s).				
PRODUCER		CONTACT NAME: Sentry Customer Service		
Sentry Insurance 1800 North Point Drive		PHONE (A/C, No, Ext): 800-473-6879	FAX (A/C, No): 800-514-7191	
Stevens Point, WI 54481		EMAIL ADDRESS: businessproducts_direct@sentry.com		
		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A: Sentry Insurance a Mutual Company		24988
INSURED		INSURER B:		
Condo Electric Motor Repair Corp. Condo Electric Industrial Supply, Inc. PO Box 3340 Hialeah, FL 33013		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

**CERTIFICATE NUMBER: 2359346** COVERAGES

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	INSR LTR TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	Х	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR						EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 500,000
								MED EXP (Any one person)	\$ 5,000
Α			Х		A0180082003	10/22/2022	10/22/2023	PERSONAL & ADV INJURY	\$ 1,000,000
	GE	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AU	JTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Х							BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS			A0180082001	10/22/2022	10/22/2023	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
		1. 1.							\$
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
		DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							PER OTH- STATUTE ER	
			N/A					E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$
		TION OF OPERATIONS // COATIONS //E							l

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

APPROVED of P. All

By Edgar P. Alba at 2:38 pm, Jul 05, 2023

**CERTIFICATE HOLDER** 

CANCELLATION

The City of Pompano Beach, Purchasing Division 1190 NE 3rd Ave Bldg C Pompano Beach, FL 33060-5740

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

John Hyland

ACORD 25 (2016/03)

A0180082

Sentry Insurance a Mutual Company

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09/16/2022

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AGENCY CUSTOMER ID: XXXXXX7544

LOC #: \_\_\_\_\_

ADDITIONAL	RFMARKS	SCHEDULE	

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AGENCY		NAMED INSURED
Matthew Strode		Condo Electric Motor Repair Corp. Condo Electric Industrial Supply, Inc.
POLICY NUMBER		
A0180082003		
CARRIER	NAIC CODE	
Sentry Insurance a Mutual Company	24988	EFFECTIVE DATE: 10/22/2022

Sentry Insurance a Mutual Company	24988	EFFECTIVE DATE: 10/22/2022			
ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of	of Liability Insurance	e			
General Liability					
Garagekeepers Coverage - Collision and C	Comprehensiv	re limits: \$150,000.			

## POLICY NUMBER: A0180082003

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations		
The City of Pompano Beach, Purchasing Division	The City of Pompano Beach, 1190 NE 3rd Ave Bldg C, Pompano Beach, FL Description: Pick up items for service		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising
  - 1. Your acts or omissions; or

injury" caused, in whole or in part, by:

The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

# However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

**2.** Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.