

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/23/2017

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 ileu of such endorsement(a)

PRODUC		301110	m(s).	endorsement. A statement on this certificate does not confer rights to the				
Scirocco Group				PHONE 201 7	27 0070	FAX	204 7	7 0000
	errace Avenue ouck Heights NJ 07604			PHONE (A/C, No, Ext): 201-727-0070 FAX (A/C, No): 201-727-0080 E-MAIL ADDRESS: mlux@sciroccogroup.com				
				ADDRESS:				NA16 =
					INSURER(S) AFFORDING COVERAGE INSURER A : Sentinel Insurance Co Ltd			NAIC# 11000
NSURED RIGHT-5				INSURER B : Allmerica Financial Benefit				41840
Right Choice Vending/Coffee				INSURER C:				4 1040
	SW 31st Ave ano Beach FL 33069			INSURER D : INSURER E : INSURER F :				
ەطاناد	and Deach FE 33009							
	RAGES CER	TIFIC	CATE NUMBER: 161462924	7		REVISION NUMBER:		
CER	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	EQUIK PERT.	KEMENT, TERM OR CONDITION 'AIN. THE INSURANCE AFFORI	I OF ANY CONTRACT DED BY THE POLICIE	OR OTHER	DOCUMENT WITH RESPE	OT TO 1	ALUCH THE
NSR TYPE OF INSURANCE			SUBR WVD POLICY NUMBER	BR POLICY EFF POLICY EXP				
, x	COMMERCIAL GENERAL LIABILITY		13SBMTQ2849	3/30/2017	(MM/DD/YYYY) 3/30/2018			000
	CLAIMS-MADE X OCCUR] [DAMAGE TO RENTED	\$2,000,	
						PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,000,	
\Box		[]				PERSONAL & ADV INJURY	\$2,000,	
GE	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,	
Х	1. 00.01 [] 1ECI [] 200	.				PRODUCTS - COMP/OP AGG	\$4,000,	
+-	OTHER:			0/40/0047	-//	COMBINED SINGLE LIMIT	\$	
X	JTOMOBILE LIABILITY ANY AUTO		AWYA560607-02	2/19/2017	2/19/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,	000
 ^						BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS NON-OWNED	i i				BODILY INJURY (Per accident) PROPERTY DAMAGE	+	
-	HIRED AUTOS AUTOS					(Per accident)	\$	
+	UMBRELLA LIAB OCCUP	\vdash					\$	
-						EACH OCCURRENCE	\$	
	CONTRO-WINDE					AGGREGATE	\$	
wo	RETENTION \$ DRKERS COMPENSATION					PER OTH- STATUTE ER	\$	
AN	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE						s	
OF.	FICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	1	
lif v	es, describe under SCRIPTION OF OPERATIONS below			İ		E.L. DISEASE - POLICY LIMIT		
100	COLUMN DE LEGATIONS DOLOW	\vdash				L.L. DISENSE - POLICE LIMIT	J	
	PTION OF OPERATIONS / LOCATIONS / VEHIC							
erut	ficate Holder is included as additi red by a written contract or agree	onai	insured under General Liab	onity coverage for w	ork or servi	ces provided by the Na	amed In	sured as
quii	red by a written contract or agree	iiieii	IL.					
FRTI	FICATE HOLDER		· · · · · · · · · · · · · · · · · · ·	CANCELLATION				
ERTI	FICATE HOLDER			CANCELLATION				
ERTI	City of Pompano Beach 100 West Atlantic Blvd Pompano Beach FL 33069		APPROVED RISK MANAGEMENT ON: 041/17	SHOULD ANY OF	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL EY PROVISIONS.		
ERTI	City of Pompano Beach 100 West Atlantic Blvd		RISK MANAGEMENT	SHOULD ANY OF THE EXPIRATION	N DATE THE	REOF, NOTICE WILL		

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