



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/01/2024

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 PF INSURANCE INC 164 N POWERLINE ROAD POMPANO BEACH 33069	CONTACT NAME: Elizabeth Phillips
	PHONE (A/C, No, Ext): 954-973-3038 FAX (A/C, No): 954-972-2129
	E-MAIL ADDRESS: PFINS@PUSHINC.NET
	INSURER(S) AFFORDING COVERAGE INSURER A: UNITED STATES LIABILITY INS CO
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED POMPANO TIGERS ELITE 385 NW 19 STREET POMPANO BEACH, FL 33060	NAIC #
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COVERAGES

CERTIFICATE NUMBER: 249

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		NNP1630017	3/27/2024	3/27/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

The certificate holder is an additional Insured: City of Pompano Beach 100 W Atlantic Blvd Pompano Beach, FL 33060

APPROVED

Rebecca Harrison

By Rebecca Harrison at 2:46 pm, Apr 02, 2024

CERTIFICATE HOLDER

CANCELLATION

City of Pompano Beach
100 W Atlantic Blvd
Pompano Beach, FL 33060

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

EDWARD PHILLIPS

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APPROVED

David Daley

By David Daley at 8:05 pm, Aug 14, 2024

WILLIAMS

IMPORTANT - IDENTIFICATION CARDS

STATE FARM®

FOLD TOP AND BOTTOM OF CARD ON PERFORMANCE

MUTL VOL
6400-B34

State Farm

FLORIDA AUTOMOBILE INSURANCE

IDENTIFICATION CARD

STATE FARM

POLICY NUMBER
K55 0868-A25-59

CO. NUMBER
09785

EFFECTIVE DATE
JUL 25 2024

☒ PERSONAL INJURY
PROTECTION

☐ PROPERTY
DAMAGE

☒ BODILY
INJURY

NAMED INSURED
WILLIAMS-SAPP, ANTOINETTE D

MUTL
VOL

COVERAGES
A P14 D1000 G1000 U

YR
2021

MAKE
HONDA

VEHICLE IDENTIFICATION NUMBER
5FNYF7H53MB000706

AGENT
DAVID L COOLEY INS AGCY INC

PHONE
(954)788-9988

NAIC
25178

The coverage provided by the policy meets the minimum liability limits prescribed by law.

State Farm

FLORIDA AUTOMOBILE INSURANCE

IDENTIFICATION CARD

STATE FARM

POLICY NUMBER
K55 0868-A25-59

CO. NUMBER
09785

EFFECTIVE DATE
JUL 25 2024

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MAKE
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VEHICLE IDENTIFICATION NUMBER
5FNYF7H53MB000706

AGENT
DAVID L COOLEY INS AGCY INC

PHONE
(954)788-9988

NAIC
25178

The coverage provided by the policy meets the minimum liability limits prescribed by law.

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KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

4-
Sys

M

07.11.11

COPAL

HONDA

Certified!

APPROVED

David Daley

By David Daley at 8:05 pm, Aug 14, 2024

8.1.24

Pompano Tigers Elite
385 NW 18th St
Pompano Beach, FL 33060

Dear Tisha Sapp,

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

The City of Pompano Beach requires: **ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at 1801 NE 6th St, Pompano Beach, 33060. If you have any questions about this letter please telephone me at

Very truly yours,

Brad Campbell
Senior Rec Leader

Pompano Tigers Elite has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida **Pompano Tigers Elite** agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.

T. Daley

Signature

8/14/24

Date

Tisha Sapp

Name and Title (print)