



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/04/2023

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 Independent Finance and Insurance Corp. 299 Camino Gardens Blvd Suite 203 Boca Raton FL 33432	CONTACT NAME: Lara Notalgiovanni PHONE (A/C, No, Ext): (561) 368-5515 E-MAIL ADDRESS: lara@iia.us.com	FAX (A/C, No): (561) 416-1049
	INSURER(S) AFFORDING COVERAGE	
INSURED Sandbar Snacks Inc 2737 NE 28th St. #2 Lighthouse Point FL 33062	INSURER A: Crum & Forster Specialty Insurance NAIC #: 31348	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 23-24 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BAK-25338-7	03/20/2023	03/20/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER 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)

Certificatae holder is listed as additional insured.

APPROVED
By Edgar P. Alba at 7:39 am, Apr 12, 2023

CERTIFICATE HOLDER City of Pompano Beach 100 W. Atlantic Blvd Pompano beach FL 33062	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

Parks and Recreation Dept.

City of Pompano Beach, Florida

1801 NE 6 Street, Pompano Beach, Florida 33060 | p: 954.786.4191 | f: 954.786.4113

May 15, 2023

Sandbar Snacks Inc
20 Pompano Beach Blvd
Pompano Beach, FL 33062

APPROVED

Thorpe
By Danielle Thorpe at 9:25 am, May 22, 2023

Dear Maria Ciaramitaro,

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 954-786-4575.

Very truly yours,

Kate Belcher

Kate Belcher
Recreation Manager

Sandbar Snacks Inc. has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida **Sandbar Snacks Inc.** agrees 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.

Maria Ciaramitaro
Signature

MAY 16, 2023
Date

MARIA CIARAMITARO PRES.
Name and Title (print)

APPROVED

D. Thorpe

By Danielle Thorpe at 9:26 am, May 22, 2023

State Farm
FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
STATE FARM

POLICY NUMBER G30 9262-B23-59 4	CO. NUMBER 09785	EFFECTIVE DATE FEB 23 2023
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION	<input type="checkbox"/> PROPERTY DAMAGE	<input checked="" type="checkbox"/> BODILY INJURY
NAMED INSURED CIARAMITARO, MARIA		MUTL VOL
COVERAGES A P14 D500 G500 H R1		
YR 2010	MAKE TOYOTA	VEHICLE IDENTIFICATION NUMBER 1NXBU4EE9AZ309898
AGENT WILLIAMSON INS AND FIN SVC INC		
PHONE (561)600-8388	NAIC 25178	

The coverage provided by the policy meets the