OP ID: TA

DATE (MM/DD/YYYY) 01/05/2023

CERTIFICATE OF LIABILITY INSURANCE

ACORD'

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).

this certificate does not confer rights to the certificate holder in lieu of				
PRODUCER 320-693-6115	CONTACT Troy J. Atkinson, CIC			
Pierce Agency, Inc 33 East Highway 12	PHONE (A/C, No, Ext): 320-693-6115	FAX (A/C, No): 320-693		
P.O. Box 160 Litchfield, MN 55355	E-MAIL ADDRESS: troy@pierceinsurance.com			
Troy J. Atkinson, CIC	INSURER(S) AFFORDING COVERAGE		NAIC#	
	INSURER A: Western National Mutual		15377	
INSURED Brodin Studios, Inc.	INSURER B:			
Nick Christensen	INSURER C:			
70127 330th St Kimball, MN 55353	INSURER D:			
,	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMI	BER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H				

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.

TYPE OF INSURANCE

ADDL SUBR POLICY NUMBER

POLICY SFF (MM/DD/YYYY)

CLAIMS-MADE X OCCUR

X X COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE X OCCUR

C

	CLAIMS-MADE X OCCUR	X	Χ	CPP 1213035	05/07/2022	05/07/2023	PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO			CPP 1213035	05/07/2022	05/07/2023	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB CLAIMS-MADE			UMB 1213070	08/03/2022	05/07/2023	AGGREGATE	\$ 1,000,000
	DED RETENTION\$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		CPP 1213035	05/07/2022	05/07/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Property Section			CPP 1213035	05/07/2022	05/07/2023	Bus Prope	 500,000

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

The Certificate holder is City of Pompano Beach and this certificate holder is an additional insured in regard to the General Liability polcy for the

Additional Insured automatic status endorsement.

APPRO	OVED
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By Danielle Thorpe at 9:52 am, Jan 05, 2023

CERTIFICATE HOLDER	CANCELLATION
City of Pompano Beach 1190 NE 3rd Ave Building C	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Pompano Beach, FL 33060	AUTHORIZED REPRESENTATIVE Troy & Ottoinson