LHAMPTON



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/12/2021

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	CONTACT NAME:					
JCJ Insurance Agency, LLC 2208 Hillcrest Street	PHONE (A/C, No, Ext): (321) 445-1117	FAX (A/C, No):(321) 445-1076				
Orlando, FL 32803	E-MAIL ADDRESS: certs@jcj-insurance.com					
	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: Crum & Forester	44520				
INSURED	INSURER B: Charter Oak Fire Ins Co	25615				
McCafferty Brinson Consulting, LLC	INSURER C: Travelers Casualty & Surety Co	19038				
633 S. Andrews Ave, Suite 402 Ft. Lauderdale, FL 33301	INSURER D:					
	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 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.

	XCLUSIONS AND CONDITIONS OF SUCH					-	
INSR	TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	EPK-134955	4/11/2021	4/11/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 1,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO		BA9P875875	4/11/2021	4/11/2022	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR				EACH OCCURRENCE	\$ 2,000,000	
	X EXCESS LIAB CLAIMS-MADE	4 1	EFX-117562	4/11/2021	4/11/2022	AGGREGATE	\$ 2,000,000
	DED X RETENTION \$ 10,000						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		4/11/2021	4/11/2022	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Α	Professional Liab		EPK-134955	4/11/2021	4/11/2022	Per Claim	1,000,000
Α			EPK-134955	4/11/2021	4/11/2022	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Continuing contract for Engineering Services for Water and Reuse Treatment Plant Projects dated March 1, 2021
Audra McCafferty and Frank Brinson are excluded from worker's compensation coverage

City of Pompano Beach is an Additional Insured with respects General Liability when required by written contract (Form SPE0208-0115). Waiver of Subrogation applies in favor of the Additional Insured with respects to General Liability when required by written contract (Form SPE0214-0115). 30 Day notice of Cancellation, 10 day notice in regards to non-pay.

APPROVED

By Danielle Thorpe at 10:53 am, May 13, 2021

CERTIFICATE HOLDER	

City of Pompano Beach PO Box 1300 Pompano Beach, FL 33061 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

MILTI

CANCELLATION