ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/3/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Joseph J. Meola, CIC, CRM			
McKee Risk Management, Inc.	PHONE (A/C, No, Ext): 609 561-4161 FAX (A/C, No): 609 5	609 567-2824		
610 Freedom Business Center Drive, Suite 300	E-MAIL ADDRESS: cmoresco@mckeerisk.com			
King of Prussia, PA 19406-1329	INSURER(S) AFFORDING COVERAGE	NAIC #		
3	INSURER A: Starr Indemnity & Liability Company	38318		
INSURED A selection of Contame Inc.	INSURER B:			
Asphalt Paving Systems Inc.	INSURER C:			
500 N. Egg Harbor Road	INSURER D:			
P O Box 530	INSURER E :			
Hammonton, NJ 08037	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.

INSR LTR		TYPE OF INSURANCE	ADDL SU	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Х	CLAIMS-MADE X OCCUR	Х	1000025864211	04/01/2021	04/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000 \$100,000
		CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000
		POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:						\$
Α	AUT	TOMOBILE LIABILITY		1000008480211	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	X	ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
Α		UMBRELLA LIAB OCCUR		1000586980211	04/01/2021	04/01/2022	EACH OCCURRENCE	\$10,000,000
	X	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
		DED RETENTION \$						\$
Α		RKERS COMPENSATION DEMPLOYERS' LIABILITY		1000004574	04/01/2021	04/01/2022	X PER STATUTE OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)		N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

RE: Blount Road; It is agreed that City of Pompano Beach is included as Additional Insured with respect to the operations performed by the Named Insured if required by written contract per ISO Forms CG2010-12/19,

CG2037-12/19.

APPROVED

By Danielle Thorpe at 9:02 am, Feb 08, 2022

CERTIFICATE HOLDER	CANCELLATION			
City of Pompano Beach Attn: Risk Manager PO Box 1300	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 33061	AUTHORIZED REPRESENTATIVE			
	ARE			