Exhibit B - Jacey Investments, LLC dba Elite Tent Company



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/02/2020

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 this certificate does not confer rights to the certificate holder in lieu of su					h endorsement(s).					
PRODUCER					NAME: Laura Buratt					
NSI Insurance Group LLC					PHONE (A/C, No, Ext): (305) 556-1488 FAX (A/C, No): (305) 556-3680					
5875 NW 163 Street					E-MAIL ADDRESS: laurab@nsigroup.org					
Suite 207					INSURER(S) AFFORDING COVERAGE					
Miami Lakes FL 33014					INSURER A: Admiral Insurance Company					
NSURED					INSURER B: AmGUARD Insurance Company					
Jacey Investments, LLC, DBA: Elite Tent Co.					INSURER C: Natl Union Fire Ins Co PittsPA					
2375 SW 58th Avenue					INSURER D: Worth Casulaty Co					
				INSURE	RF:					
	Hollywood		FL 33023	INSURER F :						
201	13.18	TIFICATE I	NUMBER: 19/21 GL/BA/				REVISION NUMBER:			
TH IN	HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT. CCLUSIONS AND CONDITIONS OF SUCH PO	INSURANCE REMENT, TE AIN, THE INS DLICIES. LIM	LISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER ES DESCRIBEI ED BY PAID CL	R DOCUMENT \ D HEREIN IS SI .AIMS.	WITH RESPECT TO WHICH TH	OD IIS		
NSR		ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY							\$ 1,000	0,000	
Α	CLAIMS-MADE X OCCUR					02/15/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	CLAIMS-MADE 2 OCCOR			11/01/2019	11/01/2019			\$ 1,000		
			CA00001712108					\$ 1,000,000		
			0/100001/12/00				T ET COSTO LE GIVILO T IN COSTO	\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							2 000 000		
	POLICY JECT LOC						\$ 2,000,000			
	OTHER:								0.000	
В	AUTOMOBILE LIABILITY						(Ea accident)	\$ 1,000,000		
	ANYAUTO					11/01/2021				
	OWNED SCHEDULED AUTOS		JAAU187568	11/01/2020	55655576111405					
	HIRED AUTOS ONLY AUTOS ONLY					(Per accident)	\$			
							1	\$		
	UMBRELLA LIAB X OCCUR							\$ 1,000,000		
С	EXCESS LIAB CLAIMS-MADE		BE084003843	11/0	11/01/2019	02/15/2021	AGGREGATE	\$ 1,000,000		
	DED RETENTION \$	1						\$		
D	WORKERS COMPENSATION					11/01/2021	➤ PER OTH-ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		05400404700		11/01/2020		E.L. EACH ACCIDENT	\$ 500,000		
	OFFICER/MEMBER EXCLUDED?	N/A	SEA00101700		11/01/2020			E \$ 500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000		
	DECOMM HOREST OF EAST AND ASSESSMENT									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD 1	01, Additional Remarks Schedule	, may be a	ttached if more s	pace is required)				
Cer	tificate Holder is an additional Insured with	respect to G	eneral Liability when require	d by writt	ten Contract.					
							Λ			
					4 <i>PPR</i> (OVED	Hono			
				E	By Daniel	le Thorp	e at 10:15 pm, De	c 07,	2020	
CE	RTIFICATE HOLDER			CANO	CELLATION					
	City of Pompano Beach			THE	EXPIRATION	DATE THEREO	ESCRIBED POLICIES BE CAN IF, NOTICE WILL BE DELIVER BY PROVISIONS.		D BEFORE	
	100 W Atlantic Blvd			ALITHO	RIZED REPRESE	NTATIVE				
				Admic						
	Pompano Beach		FL 33060			(F)	Juan Som 7			