



# CERTIFICATE OF LIABILITY INSURANCE

4/11/2022

DATE (MM/DD/YYYY)

8/31/2021

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).

|                                                                                                                     |  |                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b> Lockton Companies<br>3280 Peachtree Road NE, Suite #250<br>Atlanta GA 30305<br>(404) 460-3600       |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No. Ext):</b><br><b>FAX (A/C, No):</b><br><b>E-MAIL:</b><br><b>ADDRESS:</b> |  |
| <b>INSURED</b> 1421007 MARLIN ENGINEERING, INC.<br>3363 W. Commercial Blvd., Suite 115<br>Fort Lauderdale, FL 33309 |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                               |  |
|                                                                                                                     |  | <b>INSURER A:</b> Hartford Casualty Insurance Company                                                              |  |
|                                                                                                                     |  | <b>INSURER B:</b> Trumbull Insurance Company                                                                       |  |
|                                                                                                                     |  | <b>INSURER C:</b> Lexington Insurance Company                                                                      |  |
|                                                                                                                     |  | <b>INSURER D:</b> Hartford Insurance Co of the Southeast                                                           |  |
|                                                                                                                     |  | <b>INSURER E:</b> Hartford Fire Insurance Company                                                                  |  |
|                                                                                                                     |  | <b>NAIC #</b>                                                                                                      |  |

COVERAGES MAIN CERTIFICATE NUMBER: 16908711 REVISION NUMBER: XXXXXXXX

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                                                                                                                                                                                                                                                                                                             | ADDITIONAL INSURED | SUBROGATION | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | Y                  | Y           | 21UUN OL5114  | 9/1/2021                | 9/1/2022                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000<br>\$ |
| B        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                   | Y                  | Y           | 21 UEN OL5112 | 9/1/2021                | 9/1/2022                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX<br>\$ XXXXXXXX                                            |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                                              | Y                  | Y           | 21 XHU OL5113 | 9/1/2021                | 9/1/2022                | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$ XXXXXXXX                                                                                                                                                                          |
| D        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                        | Y/N                | N/A         | 21 WB OL6H2E  | 9/1/2021                | 9/1/2022                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |
| C        | Professional Liability                                                                                                                                                                                                                                                                                                        | N                  | N           | 032834125     | 4/11/2021               | 4/11/2022               | Each Claim Limit: \$2,000,000<br>Aggregate Limit: \$2,000,000<br>Scheduled Limit: \$388,098                                                                                                                                                    |
| E        | Inland Marine                                                                                                                                                                                                                                                                                                                 |                    |             | 21 UUN OL5114 | 9/1/2021                | 9/1/2022                |                                                                                                                                                                                                                                                |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 City of Pompano Beach is/are included as an Additional Insured as respect to General Liability, Auto Liability, Umbrella Liability as per written contract, subject to terms, conditions and exclusions policy. Waiver of Subrogation applies in favor of Additional Insured as required by written contract as respect to General Liability, Auto Liability, Umbrella Liability, Workers Compensation, conditions and exclusions of the policy where applicable by state law. Coverage is on a primary and non-contributory basis as required by written contract. RFQ P-32-20 Planning and Design Services for Riverside Drive Streetscape Improvements

**APPROVED**

By Danielle Thorpe at 8:47 am, May 18, 2022

## CERTIFICATE HOLDER

16908711  
 City of Pompano Beach  
 1190 NE 3 Avenue  
 Pompano Beach FL 33060

## CANCELLATION See Attachment

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

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