

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/01/2016

P	HIS CERTIFICATE IS ISSUED AS A HIS CERTIFICATE DOES NOT AFF OLICIES BELOW. THIS CERTIFIC ISURER(S), AUTHORIZED REPRES	IRMA ATE (ENTA	TIVEL OF IN TIVE (Y OR NEGATIVELY SURANCE DOES NO OR PRODUCER, AND	AMEND, T CONST THE CER	EXTEND OR A TITUTE A CO TIFICATE HO	ALTER THE NTRACT BE LDER.	COVER	RAGE AFFORD THE ISSUING	ED BY THE	
SI	MPORTANT: If the certificate holde ubject to the terms and conditions of onfer rights to the certificate holder	of the	policy	, certain policies may	he policy require a	(ies) must be an endorseme	endorsed. nt. A staten	If SUBR	OGATION IS W this certificate of	AIVED, does not	
	RODUCER				CONTACT	6	15 1				
Δ	on Risk Services Northeast. Inc.			Ī	PHONE		ement Departmen		FAX		
	ew York NY Office			}	(A/C, No, E)	ct): (866) 443-84	89		(A/C, No): (800) 889	9-0021	
	99 Water Street			-	ADDRESS:	work.comp@	trinet.com				
N	ew York, NY 10038-3551					INSURER(S) AFFORDING	OVERAGE		NAIC #	
1	SURED				INSURER A: Commerce & Industry Ins Co						
TriNet HR Corporation and all its affiliates and subsidiaries* WD Thompson Inc. (Endorsed as alternate employer)						INSURER B: Illinois National Ins Co					
	WD Thompson Inc. (Endorsed as alternate employer) DBA Beach Raker					C: Ins Co State	of Penn			19429	
6	9000 Town Center Parkway				INSURER	D: Nat'l Union Fi	re Ins Co			19445	
E	Bradenton, FL 34202				INSURER	E: New Hampsh	ire Ins Co			23841	
					INSURER	F:					
	COVERAGES	ERTI	FICAT	E NUMBER:				REVISI	ON NUMBER:		
NDI	IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQ TIFICATE MAY BE ISSUED OR MAY PER LUSIONS AND CONDITIONS OF SUCH PO	UIREM TAIN,	ENT, THE IN	TERM OR CONDITION O SURANCE AFFORDED	F ANY CON BY THE PC	ITRACT OR OT	HER DOCUME	BOVE FO	OR THE POLICY P RESPECT TO W ECT TO ALL THE	HICH THIS	
INSR LTR		ADDL SUBR POLICY NUMBER			R	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS EACH OCCURRENCE IS			
	GENERAL LIABILITY								TO RENTED	\$	
	COMMERCIAL GENERAL LIABILITY					No.			S (Ea occurrence)	>	
	CLAIMS-MADE CCCUR								(Any one person)	\$	
	PRODUCTS/COMPLETED OPS.								L & ADV INJURY	\$	
					1				AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC			APPRO'				PRODUCT	S - COMP/OP AGG	S	
	AUTOMOBILE LIABILITY ANY AUTO		R	ISK MANA	GEM	ENT		(Each acc		\$	
	ALL OWNED SCHEDULED			1/2-	11/				NJURY (Per person)	\$	
	AUTOS AUTOS	D	ATI	E. 8/29/	70		nash	accident)	JURY (Per	\$	
	HIRED AUTOS NON-OWNED AUTOS		ייי		1	0 6	M	PROPERT accident)	Y DAMAGE (Per	\$	
		-		5 /200	ch,	RISCI	19				
	UMBRELLA LIAB OCCUR	E	Y:				7	EACH OCC	CURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGA		S	
	DEDUCTIBLE RETENTION							AGGREGA	VIE .		
	WORKERS COMPENSATION					1		PER S	STATUTE OTH-		
4	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			064568312 (F	L)	07/01/2016	07/01/2017		ER ACCIDENT	22.222.22	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								SE- EA EMPLOYEE	\$2,000,000	
	If yes, describe under								ASE- POLICY LIMIT	\$2,000,000	
	DESCRIPTION OF OPERATIONS below							L.L. DISE	ASE- POLICY LIMIT	\$2,000,000	
								10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	Attach A	CORD 101, Additional Remark	ks Schedule, i	f more space is rea	quired): 8446	76F			
TriN	let HR II, Inc. and TriNet HR V, Inc.										
	RTIFICATE HOLDER				CANO	CELLATION					
	ity of Pompano Beach				SH	OULD ANY OF T	PIRATION DA	TE THE	D POLICIES BE C	/ILL BE	
10	201 NE 6th Ct				DE	LIVERED IN AC	CORDANCE W	ITH THE	POLICY PROVISION	ONS.	
	1801 NE 6th St Pompano Beach, FL 33060-6538					AUTHORIZED REPRESENTATIVE					

ACORD 25 (2014/01)

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Aon Risk Services Northeast Inc.



CERTIFICATE OF LIABILITY INSURANCE

7/22/2016

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 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).

certificate floider in fied of such endor	SCHIEL	1112)								
PRODUCER		CONTACT Tina Shannon								
Frank H. Furman, Inc.				PHONE (A/C, No. Ext): (954)943-5050 FAX (A/G, No): (954)942-6310						
1314 East Atlantic Blvd.				E-MAIL ADDRESS: tina@furmaninsurance_com						
P_ 0_ Box 1927				INSURER(S) AFFORDING COVERAGE NAIC #						
Pompano Beach FL 33	061			INSURE	10851					
INSURED				INSURER A : Everest Indemnity Ins Co 108 INSURER B : MAPFRE						
W_D_ Thompson, Inc., DBA: Be	ach F	Rak	er	INSURE	19410					
220 NE 13 Street				INSURE		00 0 11100	abery and ou		13410	
				INSURE						
Pompano Beach FL 33	060			INSURE						
		ΔΤΕ	NUMBER:16-17 Lia							
THIS IS TO CERTIFY THAT THE POLICIES						THE INSUR	REVISION NUMBER:	HE PO	LICY DEDIOD	
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTA POLIC	IN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
NSR LTR TYPE OF INSURANCE	ADDLS INSD V	UBR VVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
X COMMERCIAL GENERAL LIABILITY	IT						EACH OCCURRENCE	\$	1,000,000	
A CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	50,000	
			CF4GL00324-161		7/18/2016	7/18/2017	MED EXP (Any one person)	\$	5,000	
							PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
X POLICY PRO- JECT LOC				1						
OTHER:				- 1			PRODUCTS - COMP/OP AGG Employee Benefits	\$	2,000,000	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		1,000,000	
X ANY AUTO				1			(Ea accident)	\$	1,000,000	
ALL OWNED SCHEDULED			4150150011772	1	7/18/2016	7 (40 (0047	BODILY INJURY (Per person)			
AUTOS AUTOS NON-OWNED			4130130011772	- 1	//18/2016	7/18/2017	BODILY INJURY (Per accident). PROPERTY DAMAGE	\$		
HIRED AUTOS AUTOS				- 1	- 1		(Per accident)	\$		
X UMBRELLA LIAB	-			-			Personal Injury Protection	\$	10,000	
H occor		- [1		EACH OCCURRENCE	\$	1,000,000	
CLAIMS-WADE		- 1					AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION	\vdash	\dashv	BE025419APPRO	VE	7/18/2016	7/18/2017	1868	\$		
AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER					
OFFICER/MEMBER EXCLUDED?					AENIT		E.L. EACH ACCIDENT	\$		
(Mandatory in NH)	Mandatory in NH) yes, describe under				AICIAI		E.L. DISEASE - EA EMPLOYEE	\$		
DESCRIPTION OF OPERATIONS below		-	2/20/	1/			E.L. DISEASE - POLICY LIMIT	\$		
	U/	4	E: 0/29/1	4						
			012/		0 1	10.1				
	B	Y	Elech	en	13151	mo				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	LES (AC	CORE	101; Additional Remarks Sched	ole, may t	oe attached ir ind	ore space is requ	rired)			
Certificate holder is include contract.	u as	AC	ditional insured	on Ge	eneral Li	ability w	then required by t	vritt	en	
JUILLIAUL.										
									I	
CERTIFICATE HOLDER		ELLATION								
		-	T			Water State Company of the Company o				
				SHOU	JLD ANY OF T	HE ABOVE DE	ESCRIBED POLICIES BE CA	ANCELL	ED BEFORE	
City of Pompano Beach		THE	EXPIRATION	DATE THE	REOF, NOTICE WILL B	E DEL	IVERED IN			
1801 NE 6th Street Pompano Beach, FL 33	060			ACCORDANCE WITH THE POLICY PROVISIONS.						
rumpano beach, rt 330	-	AUTHORIZED REPRESENTATIVE								
			İ	Dirk DeJong/TS Rud & Roll						
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					9 130	- LUIT AUC	THE COLL CITYLION. A	111111111	to reserved.	

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			ADD	ITIONAL COVE	RAG	ES			
Ref#	Descriptio Uninsured	on d motorist combined	d single limit		Coverage Code UMCSL	Form No.	Edition Date		
Limit 1 20,000		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Descriptio	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Descriptio	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Descriptio	חא				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	Ctible Type	Premium		
Ref#	Descriptio	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	Ctible Type	Premium	1	
Ref#	Descriptio	'n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium		
Ref#	Description	n				Coverage Code	Form No.	Edition Date	
Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type Premiur							Premium		
Ref#	Description	1				Coverage Code	Form No.	Edition Date	
Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type Premium						Premium			
OFADTL	LCV		***		Vi.	C	Copyright 2001, AM	MS Services, Inc.	

Additional Na	med Insureds
Other Named Insureds	
Beach Raker	Doing Business As
Beach Rakers	C Corporation, Doing Business As
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