



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/11/2017

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).

<b>PRODUCER</b> Bateman Gordon and Sands 3050 North Federal Hwy Lighthouse Point FL 33064		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 954-941-0900 E-MAIL ADDRESS: emedlin@BGSagency.com FAX (A/C, No): 954-941-2006	
<b>INSURED</b> BROCH4 Broward Children's Center, Inc. 200 SE 19 Avenue Pompano Beach FL 33060		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Lexington Insurance Company NAIC # 19437 INSURER B: New Hampshire Insurance Co. 23841 INSURER C: Wesco Insurance Company 25011 INSURER D: INSURER E: INSURER F:	

COVERAGES                      CERTIFICATE NUMBER: 2043400319                      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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	Y	41LX0240565073	2/23/2017	2/23/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>APPROVED</b>  <i>By John Mealer at 9:43 am, Oct 13, 2017</i> </div>							
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	Y	Y	01CA0190503243	2/23/2017	2/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TWG4998416	10/14/2017	10/14/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	<b>Professional Liability</b> <b>Sexual Misconduct</b>			41LX0240565073	2/23/2017	2/23/2018	Per Occurrence/Aggregate \$1 Mil / \$3 Mil Per Occurrence/Aggregate Deductible \$1 Mil / \$1Mil 0

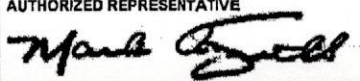
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

General Liability: Additional Insured-Managers or Lessors of Premises: Any & All Landlords where required by written contract, per CG2011 0413. Additional Insured-Person or Organization, Any & All Public Funding Sources for On-Going Operations in connection with your premises owned by or rented to you, where required by written contract, per CG2026 0413.

Auto Liability: Additional Insured, and Waiver of Subrogation as required by written contract per form 102093 1109.

ALL COVERAGE IS SUBJECT TO THE POLICY TERMS, CONDITIONS AND EXCLUSIONS

See Attached...

<b>CERTIFICATE HOLDER</b> City of Pompano Beach 100 West Atlantic Blvd., Room 220 Pompano Beach FL 33060	<b>CANCELLATION</b> 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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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
BROWARD CHILDRENS CENTER, INC.

### Filing Information

<b>Document Number</b>	720214
<b>FEI/EIN Number</b>	59-1378244
<b>Date Filed</b>	02/08/1971
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	08/12/1986

### Principal Address

1801 E ATLANTIC BLVD  
POMPANO BEACH, FL 33060

Changed: 06/29/2017

### Mailing Address

200 SE 19TH AVE  
POMPANO BCH, FL 33060

Changed: 02/11/2009

### Registered Agent Name & Address

STEWART, JOYCE T  
289 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33334

Name Changed: 09/26/2016

Address Changed: 09/26/2016

### Officer/Director Detail

#### **Name & Address**

Title P

STEWART, JOYCE T  
289 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33334

Title D

MC GOUGH, WILLIAM  
13 ROYAL PALM WAY, # 603  
BOCA RATON, FL 33432

Title D

GRIMALDI, MARK  
3050 N FEDERAL HIGHWAY  
LIGHTHOUSE POINT, FL 33064

Title D

BRONCHICK, KENNETH  
1761 W. HILLSBORO BLVD SUITE 205  
DEERFIELD BEACH, FL 33442

Title CEO

EVANS, MARJORIE  
200 SE 19TH AVE  
POMPANO BCH, FL 33060

**Annual Reports**

Report Year	Filed Date
2016	02/03/2016
2016	09/26/2016
2017	02/01/2017

**Document Images**

<a href="#">02/01/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">09/26/2016 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
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<a href="#">01/31/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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DEPT - EMP - N2P  
jared.chilard

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ALERT: SAM.gov will be down for a maintenance window Friday, October 6, 2017, from 8 PM to midnight (EDT).  
 ALERT: The U.S. Small Business Administration (SBA) updated its Table of Small Business Size Standards adopting the Office of Management and Budget's 2017 revision of the North American Industry Classification System (NAICS) effective October 1, 2017. The revised NAICS Codes and their corresponding size standards will be available in SAM for use in entity registrations starting October 7, 2017. The updated table of size standards is available now on SBA's website at [www.sba.gov/size](http://www.sba.gov/size).

# Search Results

**Current Search Terms: broward\* childrens\* center\***

Your search for "broward\* childrens\* center\*" returned the following results...

**Notice:** This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity	<b>BROWARD CHILDRENS CENTER INC</b>	Status: <b>Active</b>	<a href="#">View Details</a>
<b>DUNS: 097196349</b>	<b>CAGE Code: 5KVB7</b>		
<b>Has Active Exclusion?: No</b>	<b>DoDAAC:</b>		
<b>Expiration Date: 03/23/2018</b>	<b>Debt Subject to Offset? No</b>		
<b>Purpose of Registration: All Awards</b>			

## Glossary

- Search Results**
- Entity
- Exclusion
- Search Filters**
- By Record Status
- By Record Type



- Search Records
- Disclaimers
- FAPIS.gov
- Data Access
- Accessibility
- GSA.gov/IAE
- Check Status
- Privacy Policy
- GSA.gov
- About
- USA.gov
- Help

IBM v1.P.2.20170623-1606  
WWW2

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