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## Detail by Entity Name

Florida Not For Profit Corporation  
THE RUSSELL LIFE SKILLS AND READING FOUNDATION, INC.

### Filing Information

<b>Document Number</b>	N99000002335
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<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	08/08/2001

### Principal Address

5400 S. UNIVERSITY DRIVE  
SUITE 506  
DAVIE, FL 33328

Changed: 03/16/2012

### Mailing Address

5400 S. UNIVERSITY DRIVE  
SUITE 506  
DAVIE, FL 33328

Changed: 03/16/2012

### Registered Agent Name & Address

RUSSELL, TWAN  
11201 NW 8 STREET  
PLANTATION, FL 33325

Name Changed: 03/20/2005

Address Changed: 03/20/2005

### Officer/Director Detail

#### **Name & Address**

Title C

RUSSELL, TWAN

11201 NW 8TH STREET  
 PLANTATION, FL 33325

Title V

SCHECHTER, JOHN  
 331 NW 131 AVE  
 PLANTATION, FL 33325

Title S

COLLAZO, YESENIA  
 10200 NW ST. SUIT 201  
 MIAMI, FL 33172

Title T

FOWLER, DEBBIE  
 3878 SHERIDAN STREET  
 HOLLYWOOD, FL 33021

Title D

RUSSELL, LYSANDRA  
 11201 NW 8TH STREET  
 PLANTATION, FL 33325

**Annual Reports**

Report Year	Filed Date
2015	02/02/2015
2016	02/06/2016
2017	02/12/2017

**Document Images**

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<a href="#">04/13/1999 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/21/2017

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> NSI Insurance Group LLC 8181 Northwest 154th Suite 230  Miami Lakes FL 33016		<b>CONTACT NAME:</b> Luisa Caraballo <b>PHONE (A/C, No, Ext):</b> (305) 556-1488 <b>E-MAIL ADDRESS:</b> luisac@nsigroup.org <b>FAX (A/C, No):</b> (305) 556-3680																						
<b>INSURED</b> The Russell Life Skills and Reading Foundation Inc 5400 South University Drive #202  Davie FL 33328		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Covington Specialty Insurance</td> <td>13027</td> </tr> <tr> <td>INSURER B:</td> <td>Retail First Insurance Company</td> <td>1007</td> </tr> <tr> <td>INSURER C:</td> <td>Landmark American Ins Co</td> <td>33138</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Covington Specialty Insurance	13027	INSURER B:	Retail First Insurance Company	1007	INSURER C:	Landmark American Ins Co	33138	INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES**      **CERTIFICATE NUMBER:** 17/18 GL, WC & Prof Liab      **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VBA52448300	3/24/2017	3/24/2018	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$												
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
B	<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			52050100	2/27/2017	2/27/2018	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTH-ER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
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E.L. DISEASE - EA EMPLOYEE																			
E.L. DISEASE - POLICY LIMIT																			
C	<b>PROFESSIONAL LIABILITY</b>			LHR764642	7/22/2017	7/22/2018	Each Claim \$1,000,000 Aggregate \$1,000,000												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Sexual Abuse Sub-Limit of \$100,000/\$300,000

**CERTIFICATE HOLDER****CANCELLATION**

City of Pompano Beach  
 Attn: Risk Manager  
 PO Box 1300  
 Pompano Beach, FL 33061

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

Oscar Seikaly/LUISA



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2017

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<b>PRODUCER</b> NSI Insurance Group LLC 8181 Northwest 154th Suite 230  Miami Lakes FL 33016		<b>CONTACT NAME:</b> Jacqueline Acosta-Guevara <b>PHONE (A/C No, Ext):</b> (305) 556-1488 <b>FAX (A/C, No):</b> (305) 556-3680 <b>E-MAIL ADDRESS:</b> jackiea@nsigroup.org	
<b>INSURED</b> The Russell Life Skills and Reading Foundation Inc 5400 South University Drive #506  Davie FL 33328		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Retail First Insurance Company      NAIC # 10070 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES      CERTIFICATE NUMBER: 17/18 WC

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$
A	<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			52050100	2/27/2017	2/27/2018	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

\*CERTIFICATE HOLDER IS HEREBY NAMED ADDITIONAL INSURED\*

Classifications: Schools D&O Ded \$1,000; EPLI Ded \$5,000 30 days notice of cancellation except 10 days for non-payment of premium.

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF POMPANO BEACH  
 ATTN: RISK MANAGER  
 P.O. BOX 1300  
 POMPANO BEACH, FL 33061

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

Oscar Seikaly/LUISA