

**Exhibit 2 - Insurance
First Extension and Amendment
Pompano Chiefs Football Team**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/28/2016

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, this 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).

PRODUCER PF INSURANCE & FINANCIAL SERVICE 184 N POWERLINE ROAD POMPANO BEACH, FL 33089	CONTACT NAME: PHONE (Area, Ext): 954-973-3038 FAX (Area, Ext): 954-972-2129 E-MAIL ADDRESS: pfins@pushinc.net
INSURED Pompano Chiefs Football Team Inc. 901 NW 10th Street Pompano Beach, FL 33060	INSURER(S) AFFORDING COVERAGE INSURER A: LLOYDS OF LONDON INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 212 **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.

INSTR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		HM-0604015538-00	8/14/2016	8/14/2017	EACH OCCURRENCE \$ 300,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 600,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 300,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OFF-PR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NUMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

ADDED INSURED: CITY OF POMAPNO BEACH , 100 W ATANTIC BLVD, POMPANO BEACH, FL 33060 .

CERTIFICATE HOLDER

CANCELLATION

City of Pompano Beach
100 W ATLANTIC BLVD
Pompano Beach, FL 33060

APPROVED
RISK MANAGEMENT
ON: 08-26-16
BY: JFM

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

Ed Phillips

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SECURITY NATIONAL INSURANCE COMPANY

PERSONAL AUTO DECLARATION

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P.O. BOX 31029
INDEPENDENCE, OH 44131-0029
1-888-888-0080

POLICY NUMBER	Policy Period	
	From	To
G00 6570230 04	06/30/16	later of 12:01 a.m. or time application is executed 12/30/16 12:01 a.m.

Inquire or pay your bill online using www.foremost.com

* Unless cancelled sooner for valid reasons.

Named Insured:
DEMETRIUS BROWN
230 NW 20TH ST
POMPANO BEACH FL 33060-5043

0945210
PF INSURANCE
160 N POWERLINE RD
POMPANO BEACH FL 33069-2514

Telephone: 954-973-3038

POLICY PREMIUM TOTAL \$ 2,120.00
(includes \$25.00 for MGA policy fee and a \$10.00 underwriting fee).

Transaction Description		
AMENDED DECLARATION	Effective:	08/15/16
PREMIUM CHANGE DUE TO THIS ENDORSEMENT		-\$23.00

Drivers					
Drivers on Policy	Rated	Filing	Birth	Mar	Sex
DEMETRIUS BROWN	Rated	No	08/09/87	S	M

Forms and Endorsements					
1005	(02/11)	FLSNPIP02 (09/15)	40155	(11/13)	FL-PCE-01 (07/15)

Vehicle 1 PREMIUM \$ 2,077.00

Year / Make / Model: 2010 CHEV MALIBU LS 4D
Vehicle Identification #: 1G1ZB5EB4A4133131

Vehicle Use: Pleasure

Surcharges:

Discounts: GO PAPERLESS, AIR-BAG, ANTI-LOCK BRAKES

Rating Zip Code: 33060

Garaging Location: 230 NW 20TH ST POMPANO BEACH, FL 33060-5043

Loss Payee: PUBLIX EMPLOYEES FEDERAL CREDIT UNION #1841 PO BOX 1000 LAKELAND, FL 33802-1000

Additional Interest: N/A

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY LIABILITY	REJECTED			
PROPERTY DAMAGE LIABILITY		10,000		524.00
UNINSURED MOTORIST BODILY INJURY	REJECTED			
COMPREHENSIVE			500	104.00
COLLISION			500	732.00
BASIC PERSONAL INJURY PROTECTION	10,000		1,000	717.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000.				
DEDUCTIBLE APPLIES TO NAMED INSURED AND DEPENDENT RESIDENT RELATIVES				
WORK LOSS BENEFITS EXCLUDED				

Debra O'Connell

Authorized Representative
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