

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/11/2020

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 fieu of such endorsement(s).								
PRODUCER				CONTACT Shelia Robertson				
Lassiter-Ware Insurance of Tampa Bay				PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): (888) 88	3-8680			
1300 N. Westshore Blvd				E-MAIL ADDRESS: SheliaR@lassiterware.com				
Suite 110				INSURER(S) AFFORDING COVERAGE	NAIC #			
Tampa		FL	33607	INSURER A: Southern Owners Insurance Co.	10190			
INSURED				INSURER B: Auto Owners Insurance Company	18988			
	Brightwork Acquisitions LLC			INSURER C: Certain Underwriters at Lloyd's of London				
	BW Atlantic Andrews LLC			INSURER D:				
	3708 W Swann Ave #200			INSURER E :				
	Tampa	FL	33609	INSURER F:				
COVERAGES	C	ERTIFICATE NUMBER:	19-20 Atlantic	Poll 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 POLICY EFF POLICY EXP								
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
А	CLAIMS-MADE COCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000	
				72147996	06/19/2019	06/19/2020	MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:							\$	
А	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANY AUTO				06/19/2019	06/19/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY			72147996			BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	➤ UMBRELLA LIAB ➤ OCCUR						EACH OCCURRENCE	\$ 4,000,000	
В	EXCESS LIAB CLAIMS-MADE			4990835200	06/19/2019	06/19/2020	AGGREGATE	\$ 4,000,000	
	DED RETENTION \$ 10,000							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER OTH- STATUTE ER		
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
С	Contractor's Pollution Liability						Each Occurrence	\$1,000,000	
				ENP0004146-01.	02/11/2020	02/11/2021	Aggregate	\$2,000,000	

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

City of Pompano Beach is an additional insured under the terms & conditions of the general liability policy, when additional insured status is required by written contract. The general liability policy contains a waiver of subrogation providing the contract is executed prior to any loss.

APPROVED

By Danielle Thorpe at 8:10 am, Feb 12, 2020

CERTIFICAT	E HOLDER		CANCELLATION				
	City of Pompano Beach ATTN: Utilities Dept		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				
	100 W Atlantic Blvd		- 1-1				
	Pompano Beach	FL 33060					



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PRODUCER					CONTACT Shelia Robertson					
Lassiter-Ware Insurance of Tampa Bay					PHONE (000) 045 0437 FAX (000) 003 0000					
1300 N. Westshore Blvd					(A/C, No, Ext): (800) 643-6437 (A/C, No): (600) 663-6660 (A/C, No): (600) 663-660 (A/C, No): (
Suite	e 110				APPRE		SURER(S) AFFOR	DING COVERAGE		NAIC #
Tam	ра			FL 33607	INSURE	A : - t	ed Industries Ir			23140
INSU	RED				INSURE					
	Brightwork Real Estate, Inc.				INSURE					
	3708 W. Swann Ave #200				INSURE					
					INSURE					
	Tampa			FL 33609	INSURE					
COV	ERAGES CER	TIFICATE NUMBER: 19-20 Brightwo			ork WC			REVISION NUMBER:		
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LTR	TYPE OF INSURANCE	ADDL S INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUB									
	- FYCESCHAR							EACH OCCURRENCE	\$	
	CLAIWS-WADE	1						AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							➤ PER OTH-ER	\$	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY OLD TO THE PROPRIETOR AND TH						E.L. EACH ACCIDENT	s 100,	.000		
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		AWC1131676		06/21/2019	06/21/2020	E.L. DISEASE - EA EMPLOYEE	\$ 100,	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 500,	,000
								2	•	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI	-			=	-				
The	workers compensation policy contains a wa	iver of	subro	ogation providing the contrac	t is exec	cuted prior to ar	ny loss.	^		
	APPROVED By Danielle Thorpe at 8:11 am, Feb 12, 2020									
CERTIFICATE HOLDER						CANCELLATION				
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Pompano Beach

FL 33060