

THE HARTFORD BUSINESS SERVICE CENTER 3600 WISEMAN BLVD SAN ANTONIO TX 78251

September 28, 2025

City of Pompano Beach 100 W ATLANTIC BLVD POMPANO BEACH FL 33060

## **Account Information:**

	VOLKAN ALKANOGLU DESIGNS, LLC	Sometime of		
Policy Holder Details :		Need Help?		
		Chat online or call us at		
		(866) 467-8730.		

We're here Monday - Friday.

Contact Us

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2025

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 SUBROGATIONIS 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)

conner rights to the certificate i	ioluei ili ileu oi sucii elluoiseille	ιι(ა <i>)</i> .				
PRODUCER		CONTACT				
NUTMEG INSURANCE AGENCY I	NC/PHS	NAME: PHONE (866) 467-8730 FAX				
02025657		PHONE	(866) 467-8730			
		(A/C, No, Ext):		(A/C, No):		
The Hartford Business Service Cen	iter					
3600 Wiseman Blvd San Antonio, TX 78251		E-MAIL				
		ADDRESS:				
			INSURER(S) AFFORDING COVERAG	Æ	NAIC#	
VOLKAN ALKANOGLU DESIGNS, LLC 1378 NW 18th Ave Unit 530 Portland OR 97209		INSURER A:	Hartford Underwriters Insurance Company		30104	
	LLC	INSURER B:				
		INSURER C :				
		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:		REVISION NUME	BER:		

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/Y YYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY	IIII			(mm/DD/TTTT)	(MINI/DD/1111)	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	χ General Liability						MED EXP (Any one person)	\$10,000
Α		Х		02 SBM BB7LUM	06/05/2025	06/05/2026	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	
Α	ALL OWNED SCHEDULED AUTOS AUTOS			02 SBM BB7LUM	06/05/2025	06/05/2026	BODILY INJURY (Per accident)	
	X HIRED X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	V						EACH OCCURRENCE	\$5,000,000
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-							
Α	DED RETENTION \$ 10,000	_		02 SBM BB7LUM	06/05/2025	06/05/2026	AGGREGATE	\$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY Y/N	ı					E.L. EACH ACCIDENT	
	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE -EA EMPLOYEE	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Α	Data Breach - Defense & Liab Covg			02 SBM BB7LUM	06/05/2025	06/05/2026	Limit	\$50,000

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SL3032 attached to this policy.

CERTIFICATE HOLDER	CANCELLATION
City of Pompano Beach	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
100 W ATLANTIC BLVD	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
POMPANO BEACH FL 33060	IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Sugan S. Castaneda

© 1988-2015 ACORD CORPORATION. All rights reserved.