



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2025

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 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 lieu of such endorsement(s).

PRODUCER Keyes Coverage Insurance PO Box 26570 Fort Lauderdale FL 33320	CONTACT NAME: Charity Spaulding PHONE (A/C, No, Ext): 954-724-7000 E-MAIL ADDRESS: charity@keyescorverage.com FAX (A/C, No):
INSURED Butters Construction & Development Inc. 6820 Lyons Technology Circle Suite 100 Coconut Creek FL 33073	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity Co of Amer INSURER B: The Charter Oak Fire Ins. Co. INSURER C: Travelers Property Casualty of Ameri INSURER D: The North River Insurance Company INSURER E: FCCI Insurance Co. INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1654256279**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 <input checked="" type="checkbox"/> Ded \$5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	DT-CO-8565N751-TIA-25	8/24/2025	8/24/2026	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Aggregate Cap. \$4,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BA-3N227890-25-26-G	8/24/2025	8/24/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUP-7J63172A-25-26	8/24/2025	8/24/2026	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	WC010006087006	10/1/2025	10/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Excess Umbrella (1)	Y	Y	5228285418	8/24/2025	8/24/2026	Each Occurrence 5,000,000 Aggregate 5,000,000

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

LETTER F: CONTRACTORS PROFESSIONAL LIABILITY - Policy #: DVL90924930725, NAUTILUS INSURANCE COMPANY, EFFECTIVE 7/10/2025 - 7/10/2026 -- LIMIT: \$3,000,000 Each Claim / \$3,000,000 Aggregate.
LETTER G: EXCESS CONTRACTORS PROFESSIONAL LIABILITY (1) - Policy #: FRSHXPL0001337401, HDI GLOBAL SPECIALTY SE, EFFECTIVE 7/10/2025 - 7/10/2026 -- LIMIT: \$2,000,000 Excess of \$3,000,000.
LETTER H: EXCESS CONTRACTORS PROFESSIONAL LIABILITY (2) - Policy #: CPPXLSE-25-0014-00, PALOMAR EXCESS & SURPLUS INS. CO., EFFECTIVE 7/10/2025 - 7/10/2026 -- LIMIT: \$2,500,000 Excess of \$5,000,000.
LETTER I: CYBER LIABILITY - Policy #: F1846276A001, WESTCHESTER SURPLUS LINES INS. CO., EFFECTIVE 5/9/2025 - 5/9/2026 -- LIMIT: \$4,000,000 / \$4,000,000.
See Attached...

CERTIFICATE HOLDER**CANCELLATION** 30 Days Notice / 10 Days for Non-Pay

City of Pompano Beach 100 West Atlantic Blvd. Suite 360 Pompano Beach FL 33060	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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Keyes Coverage Insurance		NAMED INSURED Butters Construction & Development Inc. 6820 Lyons Technology Circle Suite 100 Coconut Creek FL 33073	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

LETTER B: CONTRACTORS POLLUTION LIABILITY - Policy #: DT-CO-8565N751-TIA-25, TRAVELERS INDEMNITY CO. OF AMER., EFFECTIVE 8/24/2025 - 8/24/2026 -- LIMIT: \$2,000,000 / \$4,000,000.

LETTER J: EXCESS UMBRELLA (2) - Policy #: P04XC0000089050, VANTAGE RISK ASSURANCE COMPANY*, EFFECTIVE 8/24/2025 - 8/24/2026 -- LIMIT: \$7,500,000 Each Occurrence / \$7,500,000 Aggregate (Excess of \$10,000,000).

LETTER K: EXCESS UMBRELLA (3) - Policy #1000671335-02, LIBERTY INS. UNDERWRITERS*, EFFECTIVE 8/24/2025 - 8/24/2026 -- LIMIT: \$7,500,000 Each Occurrence / \$7,500,000 Aggregate (Excess of \$10,000,000).

[*Vantage & Liberty combine for \$15,000,000 Excess of \$10,000,000]

NAMED INSURED AND OWNER: BREF ANDREWS, LLC. Project: Andrews Industrial, 1698 N. Andrews Ave., Pompano Beach, FL.