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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/20/2021

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 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	CONTACT NAME:	
The Buckner Company 6550 S Millrock, Suite #300	PHONE (A/C, No, Ext): (801) 937-6700 FAX (A/C, No): (80	1) 937-6710
Salt Lake City, UT 84121	E-MAIL ADDRESS: info@buckner.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Aspen Specialty Insurance Company	10717
INSURED	INSURER B: Allied World Assurance Co (U.S.) Inc.	19489
USA Water Polo 6 Morgan Suite 150 Irvine, CA 92618	INSURER C: Certain Underwriters at Lloyds	AA112
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: **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.

	VOLU	DSIONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				, , , ,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	х		CROOKD921	1/1/2021	1/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	0
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	Х	OTHER: Event						Part Legal Liab	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	4,000,000
	X	EXCESS LIAB CLAIMS-MADE			03126685	1/1/2021	1/1/2022	AGGREGATE	\$	4,000,000
		DED X RETENTION \$ 10,000							\$	
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	OFF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
		ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE	\$	
	DÉS	CRIPTION OF OPERATIONS below			MD040400	4/4/0004	4/4/0000	E.L. DISEASE - POLICY LIMIT	\$	4 000 000
C		ual Misconduct			MR216169	1/1/2021	1/1/2022	Per Victim		1,000,000
C	Sex	rual Misconduct			MR216169	1/1/2021	1/1/2022	All victims		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverage applies for South Florida Water Polo.

Certificate Holder is additional insured per Blanket Additional Insured Endorsement.

Primary Pool: Pompano Beach Aquatic Complex 820 Ne 18Th Ave Pompano Beach, FL 33060 **SEE ATTACHED ACORD 101**

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By Danielle Thorpe at 9:00 am, Jan 25, 2021

CERTIFICATE HOLDER	CANCELLATION
	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
City of Pompano Beach 100 W Atlantic Blvd Pompano Beach, FL 33060	T.H. Brokner
ACORD 25 (2016/02)	© 1988-2015 ACOPD COPPORATION All rights received



ADDITIONAL REMARKS SCHEDULE

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AGENCY The Buckner Company POLICY NUMBER SEE PAGE 1	NAMED INSURED USA Water Polo 6 Morgan Suite 150 Irvine, CA 92618	
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles: Alt Pool 1: Coral Springs Aquatic Complex 12441 Royal Palm Blvd. Coral Springs, FL 33065

Alt Pool 2: Pompano Beach Aquatic Complex 820 Ne 18Th Ave Pompano Beach, FL 33060

Alt Pool 3: Boca Raton High School 1501 NW 15th Court Boca Raton, FL 33486

Alt Pool 4: Fort Lauderdale Aquatic Complex 501 Seabreze Blvd.
Fort Lauderdale, FL 33316

Alt Pool 5: Fort Lauderdale High School Aquatic Center 1600 NE 4th Ave Fort Lauderdale, FL 33305

Alt Pool 6: South Broward High School 1901 N Federal Highway Hollywood, FL 33020

Alt Pool 7: Plantation Central Park Pool 9141 NW 2nd St Plantation, FL 33324

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Owners and/or Lessors of the premises leased, rented or loaned to you

Sponsors

Co-Promoters

Coaches and Officials

The United States Olympic Committee

United States Center for Safe Sport

Any person(s) or organization(s) where required by written contract executed prior to loss or claim

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- **1.** Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

Assigned Policy No. MR216169

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BEAZLEY SAFEGUARD

In consideration of the premium charged for this Policy, it is hereby understood and agreed that any entity for whom the **Insured Organization** performs work or operations is added as an additional insured under this Policy but solely in respect of any **Claim** where such entity is named alongside the **Insured Organization** or an **Insured Person**, provided always that:

- a written contract or agreement is in effect between the Insured Organization and such entity requiring that such entity be an additional insured under the Insured Organization's sexual misconduct and molestation liability policy; and
- 2) such entity is only covered under this Policy because of a **Wrongful Act** of the **Insured Organization** or an **Insured Person** and is not covered for their own acts, errors or omissions.

It is further understood and agreed that Clause **XI. OTHER INSURANCE** is amended by the addition of the following:

Notwithstanding the foregoing, where required by a written contract or agreement, coverage under this Policy shall qualify as primary and non-contributory insurance to the above additional insured but only where the above additional insured's liability, if any, is solely due to its vicarious liability for the **Wrongful Acts** of the **Insured Organization** or an **Insured Person**.

All other terms and conditions of this policy remain unchanged.

IMPORTANT NOTICE:

- 1. The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC-the National Association of Insurance Commissioners-is the regulatory support organization created and governed by the chief insurance regulators in the United States.
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.
- 6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on

the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.

- 7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.
- 8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.