

## **CERTIFICATE OF LIABILITY INSURANCE**

CMURPHY

DATE (MM/DD/YYYY) 11/29/2022

**CHAHOLDING** 

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 Ames & Gough 859 Willard Street	CONTACT NAME: PHONE (A/C, No, Ext): (617) 328-6555  FAX (A/C, No): (617) 3	328-6888			
Suite 320	E-MAIL ADDRESS: boston@amesgough.com				
Quincy, MA 02169	INSURER(S) AFFORDING COVERAGE	NAIC #			
	INSURER A: Phoenix Insurance Company A++, XV	25623			
INSURED	INSURER B: Travelers Indemnity Company, A++, XV	25658			
CHA Consulting, Inc.	INSURER C: Travelers Casualty Insurance Company of Americ	19046			
575 Broadway	INSURER D: Berkshire Hathaway Specialty Insurance Company	22276			
Albany, NE 12207	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY				<u> </u>	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х	Х	630-7E170386	8/1/2022	8/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
							MED EXP (Any one person)	\$	15,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO	X	X	810-4\$407410	8/1/2022	8/1/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			<b>APPROVED</b>	070		PROPERTY DAMAGE (Per accident)	\$	
				By Danielle Thorpe at 5:05	nm Dec 20	2022		\$	
В	X UMBRELLA LIAB X OCCUR		(	By Damene Thorpe at 3.03	om, Dec 20	, 2022	EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE			CUP-4S539836	8/1/2022	8/1/2023	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 10,000							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			UB-4S429322	8/1/2022	8/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Professional Liab			47-EPP-308429-04	8/1/2022	8/1/2023	Per Claim		6,000,000
D				47-EPP-308429-04	8/1/2022	8/1/2023	Aggregate		10,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

If AI box is checked, GL Endorsement Form #CGD604, Auto AI #CAT499 to the extent provided therein applies and all coverages are in accordance with the policy terms and conditions.

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to City of Pompano Beach, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured. The General Liability policy contains a special endorsement with primary and noncontributory wording, when required by written contract. The General Liability policy provides a blanket waiver of subrogation when required by written contract, except as prohibited by law.

CERTIFICATE HOLDER	CANCELLATION
City of Pompano Beach 1190 NE 3rd Avenue 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.
Tompano Beach, i E 33000	AUTHORIZED REPRESENTATIVE
	gared maxwell