



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2017

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		CONTACT NAME: Lorna Staab	
DTRT Insurance Group/ Loyal Clients 12550 West Atlantic Blvd		PHONE (A/C, No, Ext): (877) 871-3878	FAX (A/C, No): (855) 329-3878
Coral Springs FL 33071		E-MAIL ADDRESS: info@dtrtinsurance.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
Second Chance Society, Inc. 1835 SE 4Th Ave		INSURER A: PHILADELPHIA INDEMNITY	
Fort Lauderdale FL 33316-2807		INSURER B:	
		INSURER C:	
		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.

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1686882	09/07/2017	09/07/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input 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			<i>EM</i> BY: _____ APPROVED RISK MANAGEMENT			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			10-13-17			EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER CITY OF POMPANO BEACH 100 W ATLANTIC BLVD. POMPANO BEACH FL 33060-6099	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 <i>Lorna Staab</i>



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
SECOND CHANCE SOCIETY, INC.

Filing Information

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Event Date Filed	03/05/2002
Event Effective Date	NONE

Principal Address

1835 SE 4TH AVENUE
FT LAUDERDALE, FL 33316

Changed: 02/01/2007

Mailing Address

1835 SE 4TH AVENUE
FT LAUDERDALE, FL 33316

Changed: 02/01/2007

Registered Agent Name & Address

OWEN, PAT MS.
2100 S OCEAN DR, APT 17L
FT LAUDERDALE, FL 33316

Name Changed: 04/29/2009

Officer/Director Detail

Name & Address

Title President

Owen, Pat P, Ms
1835 SE 4TH AVENUE
FT LAUDERDALE, FL 33316

Title Chairman

Whittington, Sheri, Ms
615 San Marco Drive
FORT LAUDERDALE, FL 33301

Title VC

Ford, Mark, Mr
2727 Oakbrook Lane
Weston, FL 33332

Title Treasurer

Ferrelli, Matt, Mr
2224 NW 7th Avenue
Wilton Manors, FL 33311

Title Secretary

Singh, Dilip, Mr
2430 SE 17th Street
FORT LAUDERDALE, FL 33316

Title DIRECTOR

Coyle, Robert, Mr
1401 NE 14th Street
FT LAUDERDALE, FL 33304

Title DIRECTOR

O'Leary, Miceal
1800 South Ocean Drive
Apt. 403
Ft. Lauderdale, FL 33316

Title DIRECTOR

PRADO, MARTA
800 FAIRVIEW DRIVE
SUITE 490
DEERFIELD BEACH, FL 33441

Title DIRECTOR

Johnson, Frankie, Ms
2200 S. Ocean Lane
Apt. 1407
Fort Lauderdale, FL 33316

Title DIRECTOR

Ready, Jean, Ms

240 SW 19th Street
 Ft. Lauderdale, FL 33315

Title Director

Saiswick, Kim, Ms
 4725 North Federal Hwy
 Ft. Lauderdale, FL 33308

Annual Reports

Report Year	Filed Date
2016	02/03/2016
2017	02/03/2017
2017	06/22/2017

Document Images

06/22/2017 -- AMENDED ANNUAL REPORT	View image in PDF format
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