



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/05/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Greyling Ins. Brokerage/EPIC</b> 3780 Mansell Road, Suite 370 Alpharetta, GA 30022	CONTACT NAME: <b>Jerry Noyola</b> PHONE (A/C, No, Ext): <b>770-552-4225</b> FAX (A/C, No): <b>866-550-4082</b> E-MAIL ADDRESS: <b>jerry.noyola@greyling.com</b>
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A : National Union Fire Ins. Co. <b>19445</b>
<b>Kimley-Horn and Associates, Inc.</b> 421 Fayetteville Street, Suite 600 Raleigh, NC 27601	INSURER B : Aspen American Insurance Company <b>43460</b>
	INSURER C : New Hampshire Ins. Co. <b>23841</b>
	INSURER D : Lloyds of London <b>085202</b>
	INSURER E :
	INSURER F :

COVERAGES      CERTIFICATE NUMBER: 18-19      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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			5268169	04/01/2018	04/01/2019	EACH OCCURRENCE      \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>500,000</b>
	<input checked="" type="checkbox"/> Contractual Liab.						MED EXP (Any one person)      \$ <b>25,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				GENERAL AGGREGATE      \$ <b>2,000,000</b>			
<input type="checkbox"/> OTHER:				PRODUCTS - COMP/OP AGG      \$ <b>2,000,000</b>			
							\$
A	AUTOMOBILE LIABILITY			4489663	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident)      \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per person)      \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident)      \$
							PROPERTY DAMAGE (Per accident)      \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CX005FT18	04/01/2018	04/01/2019	EACH OCCURRENCE      \$ <b>5,000,000</b>
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE      \$ <b>5,000,000</b>
	DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			015893685 (AOS)	04/01/2018	04/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	015893686 (CA)	04/01/2018	04/01/2019	E.L. EACH ACCIDENT      \$ <b>1,000,000</b>
C	If yes, describe under DESCRIPTION OF OPERATIONS below			039326820 (ME)	04/01/2018	04/01/2019	E.L. DISEASE - EA EMPLOYEE      \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT      \$ <b>1,000,000</b>
D	Professional Liab			P070831800	04/01/2018	04/01/2019	Per Claim \$ <b>2,000,000</b> Aggregate \$ <b>2,000,000</b>

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

Re: Terra Mar Bridge Repair; Marwan Mufleh. The City of Pompano Beach is named as an Additional Insured with respects to General & Automobile Liability where required by written contract. Waiver of Subrogation is applicable where required by written contract & allowed by law. Should any of the above described policies be cancelled by the issuing insurer before the expiration date thereof, 30 days' written notice (except 10 days for nonpayment of premium) will be provided to the Certificate Holder.

CERTIFICATE HOLDER

**City of Pompano Beach**  
 Risk Manager  
 100 West Atlantic Boulevard  
 Room 276  
 Pompano Beach, FL 33060

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

*J. Noyola*