

## CERTIFICATE OF LIABILITY INSURANCE

12/1/2024

DATE (MM/DD/YYYY) 12/1/2023

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).

this certificate does not come rights to the certificate holder in fied of such endorsement(s).							
PRODUCER	Lockton Insurance Brokers, LLC	CONTACT NAME:					
	777 S. Figueroa Street, 52nd Fl.		FAX (A/C, No):				
	CA License #0B99399	E-MAIL ADDRESS:	•				
	Los Angeles CA 90017 (213) 689-0065	INSURER(S) AFFORDING COVERAGE		NAIC #			
	(215) 665 6665	INSURER A: Valley Forge Insurance Company		20508			
INSURED 1456427	Justi OiA, inc.	INSURER B: American Casualty Company of Read	ing, PA	20427			
		INSURER c: The Continental Insurance Company 3		35289			
	Tallahassee FL 32311	INSURER D: Travelers Property Casualty Company	avelers Property Casualty Company of America				
		INSURER E :					
		INSURER F:					

COVERAGES CERTIFICATE NUMBER: 17804140 REVISION NUMBER: XXXXXXX

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	TOTAL TIME TO THE TRANSPORT OF SUCH F		SUBR	EIMITO OTTOWN MATTER TO THE BEETS	POLICY EFF	POLICY EXP		
LTR		INSD		POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY	Y	N	6072067360	12/1/2023	12/1/2024	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
В	AUTOMOBILE LIABILITY	N	N	6072067343	12/1/2023	12/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$ XXXXXXX
	X OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$ XXXXXXX
	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ XXXXXXX
	X Comp. Ded. \$100						Coll. Ded.	\$ 1,000
С	X UMBRELLA LIAB X OCCUR	N	N	6072067357	12/1/2023	12/1/2024	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 10,000							\$ XXXXXXX
С	WORKERS COMPENSATION		N	6072067326 (AOS)	12/1/2023	12/1/2024	X PER OTH-ER	
С	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		6079501170 (CA)	12/1/2023	12/1/2024	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)						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	Tech E&O/Cyber Liability	N	N	ZPL-5IN599A-23-I5	12/1/2023	12/1/2024	Limit: \$5,000,000 SIR: \$50,000	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is an Additional Insured to the extent provided by the policy language or endorsement issued or approved by the insurance carrier.

APPROVED	
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By Daniel Reacher at 5:27 nm. Oct 28, 2024

By Daniel Beecher at 5:27 pm, Oct 28, 2024

CERTIFICATE HOLDER	CANCELLATION	See Attachment

17804140

City of Pompano Beach 100 West Atlantic Blvd. 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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