

CERTIFICATE OF LIABILITY INSURANCE

B/22/2016

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 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).

	DDUCER	rsem	ent(s	.).	LOSUE						righto to the
					NAME	Jacque	line Acos	ta-Guevara			
NSI Insurance Group LLC					PHONE (305) 556-1488 FAX (A/C, No): (305) 556-3680						
8181 Northwest 154th Suite 230					E-MAIL ADDRESS: jackiea@nsigroup.org						
Miami Lakes FL 33016					INSURER(S) AFFORDING COVERAGE NAIC #						
-		016			INSURER A: Covington Specialty Insurance				13027		
INSURED					INSURER B: Landmark American Ins Co				33138		
	e Russell Life Skills and			Foundation Inc	INSURER C:						
34	00 South University Drive	#50	6		INSURER D:						
D-					INSURER E :						
Davie FL 33328					INSURER F:						
	VERAGES CEI	RTIFI	CAT	ENUMBER:16-17 LIA	В			REVISION NUI	MBER:		
C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN,	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WIT			
LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
1	X COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		s	1,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENT PREMISES (Ea occi	ED urrence)	s	100,000
				VBA44740700		3/24/2016	3/24/2017	MED EXP (Any one	person)	5	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		2,000,000	
	1 . orior [] 15C1 [] 10C							PRODUCTS - COM	P/OP AGG	\$	1,000,000
-0000	AUTOMOBILE LIABILITY	-						COMBINED SINGLE		\$	
								(Ea accident)		\$	
	ALL OWNED SCHEDULED				PPRO			BODILY INJURY (Per person) S			
	AUTOS AUTOS NON-OWNED			FIRM N	MW	EMBIT		PROPERTY DAMAG		\$	
	HIRED AUTOS AUTOS			2000	1.1.	,		(Per accident)	35	S	
	UMBRELLA LIAB OCCUR	_		DATE:		9				\$	
	EXCESS LIAB CLAIMS-MADE			C	LC.			EACH OCCURRENCE	CE	\$	
	DED RETENTIONS	1		BY:		me	Le l	AGGREGATE		\$	
	WORKERS COMPENSATION						7 - 7	PER	OTH- ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE										
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I		\$	
1	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL			
В	Professional Liability			LHR758583		7/22/2016	7 /00 /0017		ICY LIMIT		
				2		1/22/2016	7/22/2017	Each Claim			\$1,000,000
								Aggregate Limit			\$1,000,000
sex	RIPTION OF OPERATIONS / LOCATIONS / VEHIC rual Abuse Sub-Limit of \$10 tificate Holder is listed	00,0	00/	\$300,000					only.		
CE	TIEICATE HOLDER										
CEI	RTIFICATE HOLDER				CANC	ELLATION					
City of Pompano Beach Attn: Risk Manager PO Box 1300				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						

		-	Print.	V.
A	C	0	RI	-0
		-		

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MAT	PUCER	Distance of the last of the la	(9),			sed. If SUBROGATION on this certificate does	not confe	rights to	
HOT	Insurance Group			the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject an endorsement. A statement on this certificate does not confer rights to NAME: ONLY JOSETTE TOUSSAINT					
8181 Northwest 154th Suite 230				PHONE CO	305) 556-1	488			
				ACONESS: Josettetensigroup.org					
Mian	ni Lakes pr. 2	1016		THE REPORT OF THE PARTY OF THE	mene-	group, org			
INSURI	FL 3	3016	77107777777777	INSURER(S) AFFORDING COVERAGE					
	2.12			INSUMERA Retail First Insurance Company					
5400	Russell Life Skills and	Readin	g Foundation Ing	THE PARTY OF THE P					
5400 South University Drive #506				madren o i					
Davi				INSURER D :					
-	PACES	-		INSURER E :	***************************************	The still best towards	THE OWNER OF THE OWNER,	A CORPORATION AND AND AND	
THIS	IC TO CENTURE	RTIFICAT	ENUMBER:16-17 WC	INSURER F :			TO THE PROPERTY AND ADDRESS.	- J Shipping	
INDIC	CATED WORLD IN THE POLICIES	5 OF INSI	RANCE HOTED DEL	WE DEED TOO	-	REVISION NUMBER		-	
EXCL SR IR	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RI TIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PERTAIN, POLICIES ADOL SUBF INSO WYO	LIMITS SHOWN MAY HAVE	BEEN REDUCED	BY PAID CLA	IBED HEREIN IS SUBJECT	R THE POI	LICY PERI WHICH TI THE TERM	
	COMMERCIAL GENERAL LIABILITY	INSO WYO	POLICY NUMBER	POLICY EF	POLICY E	C.	-	-	
	CLAIMS-MADE OCCUR				THE POPULATION OF THE POPULATI		MITS		
-	20000					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
GEN	GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO. LOC					MED EXP (Any one person) \$			
				PROVED	1	PERSONAL & ADV INJURY	\$	-	
	OTHER:		RISK	MAGEMENT		GENERAL AGGREGATE	3	-	
AUT	OMOBILE LIABILITY					PRODUCTS - COMPYOP AGG	5	-	
	ANY AUTO		DATE:	1116		COMBINED CITIES &	5		
	All Green comme		0 3	7	_	COMBINED SINGLE LIMIT (Ea accident) \$		-	
70003			BY:	aulo	10	BODILY INJURY (Per person)			
1	HIRED AUTOS AUTOS			1	The same	BODILY INJURY (Per accident)	5	-	
	UMBRELLA LIAB		710, 900, 911, 29		1	PROPERTY DAMAGE (Per accident)	\$	-	
-	EXCESSIVAR						\$		
	CLAIMS-MADE					EACH OCCURRENCE	\$		
WORK	DED RETENTION S ERS COMPENSATION					AGGREGATE	\$		
ANDE	MPI OVERS' LIA DILITO					1000	\$		
OFFICE	ROPRIETOR/PARTNER/EXECUTIVE Y/N	A				PER STATUTE ER			
If you d	leaseth	1	2050100	2/02/02	2224	E.L. EACH ACCIDENT	s	E00 01	
DESCRIPTION OF OPERATIONS below			*	2/27/2016	2/27/2017	E.L. DISEASE - EA EMPLOYEE	5	500,000	
						FI DISEASE DOLLER	s	500,000	
						, ocior cimit	,	500,000	
UPTION	OF OPERATIONS/LOCATIONS/VEHICLES ICATE HOLDER IS HEREBY N	(ACORD 10	1 Additional D.						
O LEE	ICATE HOLDER IS HEREBY N ications: Schools Dec. De	AMED A	DDITIONAL THETTER	may be attached if mo	re space is requ	lired)			
non-	Darmont Schools D&O De	d \$1,00	00; EPLI Ded \$5 00	0.20 -					
	ications: Schools D&O De- payment of premium.		200 43,00	o 30 days no	otice of	cancellation exce	pt 10 -	lave	
						-1100	10 0	аув	
IFICA	TE HOLDER								
			CA	NCELLATION					
				Distribution of the spinsor					
P.O. BOX 1300			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
P.O	BOX 1300		5530	William Control	THE POLICY	PROVISIONS.		ED IN	
P.O	PANO BEACH, FL 33061					PROVISIONS.		EU IN	
P.O	BOX 1300			ORIZED REPRESENT		PROVISIONS.		EU IN	

ACORD 25 (2014/01) INS025 (201401)

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