



# CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)

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).

| <b>PRODUCER</b><br>Abora Insurance Group<br><br>4300 N University Dr Ste E103<br>Lauderhill FL 33351           | <b>CONTACT NAME:</b> Leigh Silverstein<br><b>PHONE (A/C No. Ext):</b> 954-818-9505<br><b>FAX (A/C No.):</b> 954-622-9135<br><b>E-MAIL ADDRESS:</b> leigh@getabora.com   |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |
|--|---|-------------------------------|--------|--------------------------------------|--|------------|--|------------|--|------------|--|------------|--|------------|
|  | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Century Insurance Compnay</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Century Insurance Compnay |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |
| INSURER A: Century Insurance Compnay   |   |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |
| INSURER B:   |   |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |
| INSURER C:   |   |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |
| INSURER D:   |   |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |
| INSURER E:   |   |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |
| INSURER F:   |   |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |
| <b>INSURED</b><br>Florida International Parking System, LLC<br><br>3946 NW 69th Ten-<br>Coral Springs FL 33065 |   |                               |        |                                      |  |            |  |            |  |            |  |            |  |            |

**COVERAGES PROD / CUSTOMER ID: CERTIFICATE #: REVISION #:**

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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|--|---|--------------------|---------------|-------------------------|-------------------------|---|
| A  | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> USED IN GARAGE BUSINESS   | Y                  | CCP-1019302   | 10282022                | 10282023                | AUTO ONLY (Ea accident) \$ 1,000,000<br>OTHER THAN AUTO ONLY<br>EA ACCIDENT \$ 1,000,000<br>AGGREGATE \$ 2,000,000  |
| A  | <b>GARAGE KEEPERS LIABILITY</b><br><input checked="" type="checkbox"/> LEGAL LIABILITY<br><input type="checkbox"/> DIRECT BASIS<br><input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS   |                    | CCP-1019302   | 10282022                | 10282023                | <input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS LOC \$ 50,000<br><input checked="" type="checkbox"/> COLLISION LOC \$ 50,000<br><input type="checkbox"/> LOC \$ 150,000 |
|  | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                    |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$      |
|  | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |
|  | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under REMARKS below   | Y/N N/A            |               |                         |                         | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                 |
| <b>APPROVED</b> <i>C. Lawrence</i><br>By Cindy Lawrence at 9:23 am, Mar 23, 2023 |   |                    |               |                         |                         |   |

**REMARKS** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 First Baptist Church - Pompano 138 NE 1st St. Pompano Beach, FL 33060 is also listed as additional Insured along with the city of Pompano Beach

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>City of Pompano Beach<br><br>100 W Atlantic Blvd<br>Pompano Beach FL 33060 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Leigh Silverstein |
|---|---|