

Holo Mundo!, LLC - Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/24/2017

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 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 Francis L. Dean & Associates of Florida, LLC P.O. Box 772181 Ocala, FL 34474 fdean.com/RedirectFL.htm		CONTACT NAME: PHONE (XXX) XXX-XXXX FAX (XXX) XXX-XXXX E-MAIL: applicationsFL@fdean.com ADDRESS:	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: HOLA MUNDO CAMP, LLC 3126 ESTATES DRIVE POMPANO BEACH, FL 33069		INSURER(S) PROVIDING COVERAGE INSURER A: U.S. Fire Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES: CERTIFICATE NUMBER: USP235827 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.

TYPE OF INSURANCE	ADOL. RISK	ELIG. RISK	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GBL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		SRPGPM-101-0716	4/24/2017 10:31 AM	4/24/2018 12:01 AM	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 5,000
AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COB <input type="checkbox"/> RETENTION \$						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/OWNER EXCLUDED? (Mandatory in FL) If yes, describe below:		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH ER \$ A&D MAXIMUM MEDICAL DEDUCTIBLE \$ 2,500 TERMS OF PAYMENT \$ 10,000 EXCESS \$ 100
A Accident/Medical Coverage			US518514	4/24/2017 10:31 AM	4/24/2018 12:01 AM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Camp Activities. Certificate Holder is named as additional insured with respect to the operations of the Named Insured. \$100,000 Sexual Abuse and Molestation Liability Coverage is included.

CERTIFICATE HOLDER CITY OF POMPANO BEACH 1801 NORTH EAST 6TH STREET POMPANO BEACH, FL 33069	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 Francis L. Dean
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Hola Mundo!, LLC - Workders Comp Waiver

Parks, Recreation & Cultural Arts Department

City of Pompano Beach, Florida
1801 NE 6 Street, Pompano Beach, Florida 33060 | p: 954.786.4111 | f: 954.786.4113

May 3, 2017

Adrianna Chambliss
Hola Mundo!, LLC
3125 Estates Drive
Pompano Beach, FL 33069

Dear Adrianna,

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

The City of Pompano Beach requires: **ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at the Emma Lou Olson Civic Center, 1801 NE 6 Street, Pompano Beach, FL 33060. If you have any questions about this letter please telephone me at 954-786-4111.

Very truly yours,

Kaitlyn Kerr

Kaitlyn Kerr
Recreation Supervisor

Hola Mundo!, LLC has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida **Hola Mundo!, LLC**, agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.



Signature

5/8/17
Date

Adrianna Chambliss, Owner/Director
Name and Title (print)



Holo Mundo!, LLC - Auto Insurance

GEICO FLORIDA AUTOMOBILE INSURANCE
IDENTIFICATION CARD
GEICO INDEMNITY COMPANY

Policy Number/Florida Code No. Effective Date
4368019867/09170 04-02-17
[X] PERSONAL INJURY PROTECTION BENEFITS PROPERTY DAMAGE LIABILITY
[] BODILY INJURY LIABILITY

Named Insured: ADRIANA MARTA CHAMBLISS

Year	Make	Model	Vehicle ID No.
2004	ROVER	DISCYSEAWO	SALTW19414A839025

Phone Number: 1-800-841-3000

Not valid more than one year from effective date.

Important Information

Here are your Policy Identification Cards. Please destroy your old cards when the new cards become effective.

Due to space limitations on the ID card, only the Named Insured and the Co-Insured are listed. For a full list of drivers covered under this policy, please reference the Drivers section of your Declarations Page, which is Included with your Insurance packet.

Please notify us promptly of any change in your address to be sure you receive all important policy documents. Prompt notification will enable us to service you better.

Your policy is recorded under the name and policy number shown on the card.

If you would like additional ID cards, you can go online to geico.com call us at 1-800-841-3000.



What to do at the time of an accident.

- Do not admit fault
- Do not reveal the limits of your liability coverage to anyone
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved. Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable
- Contact GEICO by calling 1-800-841-3000 or visit geico.com to report the accident.

Need a tow or roadside assistance?

Call 1-800-424-3422 to reach GEICO's Emergency Road Service (ERS).

Coverage, including collision, may extend to rental vehicles that qualify as temporary substitutes or non-owned autos in your policy.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR