



PAYLSWI-01

RSARDA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2025

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).

PRODUCER World Insurance Associates, LLC 400 Carillon Parkway, Ste. 125 Saint Petersburg, FL 33716	CONTACT NAME: Ronn Sarda	
	PHONE (A/C, No, Ext): (727) 344-5500 386	FAX (A/C, No): (737) 344-5501
	E-MAIL ADDRESS: ronaldsarda@worldinsurance.com	
INSURED Payless Swim LLC 3126 NW 67 Ct Ft Lauderdale, FL 33309	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentinel Insurance Company, Ltd.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	NAIC # 11000

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		04SBMN4857	4/20/2025	4/20/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

The General Liability Policy includes additional insured endorsement that provides additional insured status to the certificate holder when required by written contract between the holder and the named insured.

CERTIFICATE HOLDER

CANCELLATION

City of Pompano Beach
100 W 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

Here is your Insurance Card

Package Homeowners & Automobile Insurance Policy

David Daley



NAMED INSURED:

IN-FLPK-IDCRD-06242025-11-PKG701520052

1/3 :

F0085

MICHAEL MCGOUN
ADRIANA RODRIGUEZ
12270 NW 2ND ST
CORAL SPRINGS, FL 33071-8003

Your policy number is **PKG701520052**

Your policy term is **Aug 13 2025 to Aug 13 2026**

Thank you for insuring with AAA - Auto Club Insurance Company of Florida.

By law, we issue an insurance card to you for each motor vehicle on your policy. This card must be presented as evidence of liability insurance to a law enforcement officer if requested. Cards will be issued when your policy is renewed or when there is a change in vehicles. Please register your policy online at www.aaa.com where you will be able to obtain additional cards, information on current accounts or find out more about how we can help with all of your personal insurance needs.

If you are involved in an accident that caused injuries, call 911 immediately. If your vehicle is not drivable and you have Comprehensive and Collision coverage, call AAA Accident Assist from the scene at the phone number printed on your insurance card. With your single call to AAA, we will: Immediately initiate your claim and dispatch roadside assistance to tow your vehicle, schedule repairs at a local shop of your choice, and make a rental car reservation that fits your rental coverage. At AAA Direct Repair Shops, you don't wait for a claim adjuster and AAA guarantees repairs for as long as you own the vehicle.

If you have questions about the coverages on your policy, benefits of Accident Assist or need other assistance, please contact your agent.

Questions about your coverages and benefits?

Please contact your agent. Thank you for choosing
AAA - Auto Club Insurance Company of Florida.



Your agent is
Rosa Mau



954-424-4140



rmau@acg.aaa.com

What to do at the time of an accident

1. Remain at the scene and contact police.
2. Obtain names and contact information from other driver(s) and witnesses.
3. Do not admit liability. Report the claim to AAA.

To report a claim

Speak to a AAA Claims Professional at 800-289-1325.

For policy changes or billing inquiries

Contact us at 800-289-1325 or www.aaa.com

See policy and outline of coverage: damage to a rental vehicle is covered to the extent shown therein

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.



FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
Auto Club Insurance Company of Florida - 03704

EFFECTIVE DATE: Aug 13 2025
EXPIRATION DATE: Aug 13 2026

POLICY NO: **PKG701520052**



PERSONAL INJURY

PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY



BODILY INJURY LIABILITY

NAMED INSURED: MICHAEL MCGOUN , ADRIANA RODRIGUEZ
VEHICLE: 2019 TOYOTA 4RUNNER 4DR VIN: JTEZU5JR2K5200031

Not Valid More Than One Year From Effective Date

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PROPERTY DAMAGE LIABILITY



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IN-FLPK-IDCRD-06242025-11-PKG701520052

2/3

F0085

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PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY



BODILY INJURY LIABILITY

NAMED INSURED: MICHAEL MCGOUN, ADRIANA RODRIGUEZ
VEHICLE: 2005 TOYOTA 4RUNNER 4DR VIN: JTEZU14RX50058825

Not Valid More Than One Year From Effective Date

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PROTECTION BENEFITS/
PROPERTY DAMAGE LIABILITY



BODILY INJURY LIABILITY

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IN-FLPK-IDCRD-06242025-11-PKG701520052

3/3 :

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PERSONAL INJURY

PROTECTION BENEFITS/
 PROPERTY DAMAGE LIABILITY



BODILY INJURY LIABILITY

NAMED INSURED: MICHAEL MCGOUN , ADRIANA RODRIGUEZ
 VEHICLE: 2024 LEXUS RX 350 4DR VIN: 2T2BAMBA8RC025293

Not Valid More Than One Year From Effective Date

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PROTECTION BENEFITS/
 PROPERTY DAMAGE LIABILITY



BODILY INJURY LIABILITY

NAMED INSURED: MICHAEL MCGOUN , ADRIANA RODRIGUEZ
 VEHICLE: 2024 LEXUS RX 350 4DR VIN: 2T2BAMBA8RC025293

Not Valid More Than One Year From Effective Date

Kiandra Russ, Contract Specialist

1010 NE 3rd Ave
Pompano Beach, FL 33060
Phone: (954) 545-7809



November 19, 2025

Payless Swim LLC
Attn: Michael P. McGoun
12270 NW 2nd St
Coral Springs, FL 33071

David Daley

Dear Michael P. McGoun:

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 Procurement and Contracts, 1010 NE 3rd Ave, Pompano Beach, FL 33060. If you have any questions about this letter please telephone me at (954) 545-7809.

Sincerely,

Kiandra Russ,
Contract Specialist

VENDOR has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida. **VENDOR** 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

Date

Michael McGoun - Co-Owner
Name and Title (print)