



# Exhibit B - Payless Swim LLC

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/27/2020

|   |   |   |                                  |                 |  |
|---|---|---|----------------------------------|-----------------|--|
| <p><b>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.</b></p> |   |   |                                  |                 |  |
| <p><b>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></p>   |   |   |                                  |                 |  |
| <p><b>PRODUCER</b><br/>NORTHERN INSURANCE GROUP INC<br/>04033452<br/>949 BRIGHTON AVENUE<br/>PORTLAND ME 04102</p>  | <p><b>CONTACT NAME:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">PHONE (207) 878-7602<br/>(A/C, No, Ext):</td> <td style="width: 40%;">FAX (207) 221-1067<br/>(A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> </table> | PHONE (207) 878-7602<br>(A/C, No, Ext): | FAX (207) 221-1067<br>(A/C, No): | E-MAIL ADDRESS: |  |
| PHONE (207) 878-7602<br>(A/C, No, Ext):   | FAX (207) 221-1067<br>(A/C, No):  |   |                                  |                 |  |
| E-MAIL ADDRESS:   |   |   |                                  |                 |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   |   |                                  |                 |  |
| <b>INSURER A:</b> Sentinel Insurance Company Ltd.   |   |   |                                  |                 |  |
| <b>NAIC#</b><br>11000   |   |   |                                  |                 |  |
| <p><b>INSURED</b><br/>PAYLESS SWIM LLC<br/>3126 NW 67TH CT<br/>FORT LAUDERDALE FL 33309-1204</p>  |   |   |                                  |                 |  |
| <b>INSURER B:</b>   |   |   |                                  |                 |  |
| <b>INSURER C:</b>   |   |   |                                  |                 |  |
| <b>INSURER D:</b>   |   |   |                                  |                 |  |
| <b>INSURER E:</b>   |   |   |                                  |                 |  |
| <b>INSURER F:</b>   |   |   |                                  |                 |  |

**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YY) | LIMITS   |                      |
|--|--|-----------|----------|---------------|-------------------------|-------------------------|--|----------------------|
|  |  |           |          |               |                         |                         |  |                      |
| A  | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> General Liability | X         |          | 04 SBM NX4857 | 04/20/2020              | 04/20/2021              | EACH OCCURRENCE  | \$1,000,000          |
|  |  |           |          |               |                         |                         |  |                      |
|  |  |           |          |               |                         |                         |  |                      |
|  |  |           |          |               |                         |                         |  |                      |
|  |  |           |          |               |                         |                         |  |                      |
| GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER:  |  |           |          |               |                         |                         |  |                      |
| <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                    |                      |
| <b>UMBRELLA LIAB EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED:      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 DESCRIPTION OF OPERATIONS below  |  | Y/N       | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE -EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT |                      |
| A  | EMPLOYMENT PRACTICES LIABILITY   |           |          | 04 SBM NX4857 | 04/20/2020              | 04/20/2021              | Each Claim Limit<br>Aggregate Limit  | \$10,000<br>\$10,000 |

APPROVED

By Danielle Thorpe at 10:27 pm, Jul 29, 2020

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

|  |   |
|--|---|
| <p><b>CERTIFICATE HOLDER</b><br/>City of Pompano Beach<br/>1190 NE 3RD AVE<br/>POMPANO BEACH FL 33060-5740</p> | <p><b>CANCELLATION</b><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/><br/> <i>Susan L. Castaneda</i></p> |
|--|---|