Exhibit B - Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/13/2018

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

	SUBROGATION IS	WAIVED, subject	to ti	he te	rms and conditions of the ificate holder in lieu of s	ne poli	cy, certain p	olicies may	•	. A s	tatement on
PRC	DUCER		-			CONTA NAME:	CT	<i>y</i> -			
SRS (Cayman) Limited 878 West Bay Road						NAME: PHONE (A/C, No, Ext): (A/C, No):					
PO Box 1159						(A/C, No, EXT): (A/C, NO): E-MAIL ADDRESS:					
	Grand Cayman, KY1-1102					ADDRE		NIDED(0) AFFOR	ADINO COVEDACE		NAIG#
CAYMAN ISLANDS CN102513532GLPL-17-18 HOLY FL						INSURER(S) AFFORDING COVERAGE					NAIC#
CN102513532GLPL-17-18 HOLY FL INSURED						INSURER A: Trinity Assurance, Ltd.					
Trinity Health Corporation						INSURER B:					
Holy Cross Hospital, Inc. 4725 N. Federal Highway						INSURER C:					
Fort Lauderdale, FL 33308						INSURER D:					
						INSURER E :					
							INSURER F:				
					NUMBER:	CLE-006266964-01 REVISION NUMBER: 1					
IN C	NDICATED. NOTWITH ERTIFICATE MAY BE XCLUSIONS AND CON	STANDING ANY RE ISSUED OR MAY IDITIONS OF SUCH	EQUIF PERT POLI	REME	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	OT TO	WHICH THIS
INSR LTR			INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	4 000 00
Α	X COMMERCIAL GEN				V-17/18-INTPR-1001		07/01/2017	07/01/2010	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,00
/\	X CLAIMS-MADE	OCCUR			V-1//10-IIVIPK-1001		07/01/2017	07/01/2018	PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIM								GENERAL AGGREGATE	\$	3,000,00
	X POLICY PROJECT	T LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:									\$	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									,	\$	
	UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
	DED RETEN	ITION\$								\$	
	WORKERS COMPENSATI	ON							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABII ANYPROPRIETOR/PARTN	ER/EXECUTIVE TIN							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLU (Mandatory in NH)	JDED?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERA	ATIONS holow							E.L. DISEASE - POLICY LIMIT	\$	
Α	Professional Liability	ATIONS DEIOW			V-17/18-INTPR-1001		07/01/2017	07/01/2018	EACH OCC / LOSS	Ψ	\$5,000,00
					17710 11411 14 1001		0770112017	0770172010			,,,,,,,,,
Re: All I	Aquatic Therapy to occur at t certificate holder is an addition	he Aquatic Center 820 N onal insured as respects red physicians, interns, re	E 18th to the considerate	Ave or general s, nurse	es, volunteers and other profession	ach, Florid	la			e is effec	tive the first day of
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.					
APPROVED Solve Lawrence at 4:36 pm, Mar 16, 2018						AUTHORIZED REPRESENTATIVE					