Client#: 154559 HOUSASS

## $ACORD_{\scriptscriptstyle{\mathbb{M}}}$

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/13/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Regina Walker				
CBIZ Weekes & Callaway	PHONE (A/C, No, Ext): 561-257-3711 FAX (A/C, No):	561-900-1944			
3045 W. Atlantic Avenue	E-MAIL ADDRESS: Regina.Walker@CBIZ.com				
Delray Beach, FL 33445	INSURER(S) AFFORDING COVERAGE	NAIC#			
561 278-0448	INSURER A: Alliance of Nonprofits for insurance Ri				
INSURED	INSURER B : Zenith Insurance Co.	13269			
Housing & Assistive Technology, Inc.	INSURER C : Allied World Surplus Lines Insurance Co	24319			
2000 Towerside Terrace	INSURER D:				
#505	INSURER E:				
Miami, FL 33138	INSURER F:				

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/YYYY)	LIMIT	s
Α	Χ	COMMERCIAL GENERAL LIABILITY	Х	Χ	201938352	12/19/2019	12/19/2020	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$20,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			201938352	12/19/2019	12/19/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	X	UMBRELLA LIAB X OCCUR			201938352UMB	12/19/2019	12/19/2020	EACH OCCURRENCE	\$1,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
		DED X RETENTION \$10000							\$
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY			Z065514817	01/01/2020	01/01/2021	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)	N/ A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Pro	ofessional liab			03071916	01/01/2020	01/01/2021	Each Claim: \$1,000,	000
								Aggregate: \$2,000,0	00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Pompano Beach, ATIMA are include as additional insured on General Liability policy as
required by written contract. Waiver of Subrogation applies to General liability policy as required by
written contract. 30 days notice of cancellation applies.

CERTIFICATE HOLDER	CANCELLATION
City of Pompano Beach, Purchasing Director PO Drawer 1300	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Pompano Beach, FL 33061	AUTHORIZED REPRESENTATIVE
	CBIZ Insurance Services, Inc.

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