

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2022

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(les) must have ADDITIONAL INSURED provision

i	f SUBROGATION IS WAIVED, subject his certificate does not confer rights	to t	he te	erms and conditions of the	ne polic	cv. certain pe	olicies may	require an endor	rsement	s or be	endorsed. Itement on	
PRODUCER Acentria Insurance - Tallahassee						CONTACT NAME:						
26	600 Centennial Place, Suite 200A Illahassee FL 32308	PHONE (A/C, No, Ext): 850-668-6162 FAX (A/C, No) E-MAIL ADDRESS:					: 850-668-6180					
						INSURER(S) AFFORDING COVERAGE NA						
				License#: L100460							10335	
	URED	INSURER B:										
Mowrey Elevator Company of Florida, Inc. & Mowrey Elevator Company, Inc.						INSURER C:						
4518 Lafayette St.						INSURER D :						
Marianna FL 32446						INSURER E :						
						INSURER F:						
_	VERAGES CER	TIFI	CATI	E NUMBER: 95321233				REVISION NUMI	BER:			
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.												
INSF LTR	TYPE OF INSURANCE	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER		POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMITS			
	COMMERCIAL GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurre		\$		
								MED EXP (Any one pe	erson)	\$		
								PERSONAL & ADV IN	/INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O		\$		
	OTHER:							COMBINED SINGLE L		\$		
	ANY AUTO							(Ea accident)		\$		
	OWNED SCHEDULED							BODILY INJURY (Per p		\$		
	AUTOS ONLY AUTOS NON-OWNED				*	*		PROPERTY DAMAGE		100		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	UMBRELLA LIAB OCCUP									\$		
	- OCCUR							EACH OCCURRENCE		\$		
	CEANVIS-IVIADE							AGGREGATE		\$		
A	DED RETENTION \$ WORKERS COMPENSATION	Y N/A	0196-52751-100	4/1/2022		4/1/2023	X PER STATUTE	OTH- ER				
A	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			0196-52751-101		4/1/2022 4/1/2022 4/1/2022	4/1/2023 4/1/2023 4/1/2023			- 4 000 000		
	OFFICER/MEMBEREXCLUDED?			0196-52751-102				E.L. EACH ACCIDENT		\$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EM				
	DESCRIPTION OF OF ENVIRONS BEIOW							E.L. DISEASE - POLIC	YLIMIT	\$ 1,000,0)UU	
Tim	cription of operations / Locations / vehicl tothy & Laura Mowrey are excluded from	.ES (A 1 Wot	cord kers	101, Additional Remarks Schedule Compensation Coverage.	e, may be States	attached if more covered are F	space is require Torida, Alaba	^{d)} ma and Georgia.				
APPROVED												
				By	By Danielle Thorpe at 1:27 pm, Jun 14, 2022							
CEI	RTIFICATE HOLDER				CANC	ELLATION						
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 Chil H. Lyolik						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/03/2022

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).														
PRODU						CONTACT Lee Windsor								
StateFarm Keith Williams State Farm					PHONE (A/C, No, Ext): 850-482-8931 (A/C, No):									
PO Box 639					E-MAIL log window world Contact form									
Marianna FL 32447					7.557.1200									
							INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company							
INSURED														
INSURED						INSURER B:								
Maurau Flauster Ca. In 1 May 51 1 2 2					INSURER C:									
Mowrey Elevator Co. Inc / Mowrey Elevator Company of FL, Inc						INSURER D:								
4518 Lafayette St.					INSURER E :									
Marianna, Fl. 32446						INSURER F:								
	RAGES	CEF	RTIFI	CATI	E NUMBER:	REVISION NUMBER:								
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INSR LTR		E OF INSURANCE	ADDL	SUBR				POLICY EXP (MM/DD/YYYY)						
	COMMERCIAL GENERAL LIABILITY		HASD	D WVD POLICY NUMBER		(MINI/DD/YYYY)		(MM/DD/YYYY)	LIMITS					
	CLAIM	S-MADE OCCUR							DAMAGE TO RENTED	\$				
		O-MADE OCCOR							PREMISES (Ea occurrence)	\$				
-	-	,							MED EXP (Any one person)	\$				
_									PERSONAL & ADV INJURY	\$				
G		ATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$				
	POLICY	PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$				
	OTHER:									\$				
) A	UTOMOBILE LI	ABILITY			J86 2643-A24-59A		04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000			
×	1									\$ 1,00	0.000			
X	OWNED AUTOS ONI	SCHEDULED AUTOS								\$ 2,00				
	HIRED AUTOS ONI	NON-OWNED							PROPERTY DAMAGE	\$ 1,00	C. 100 K. 100			
	7.0100011	THE POST OF THE PO							(i el accident)	\$	0,000			
	UMBRELLA	LIAB OCCUR								-				
	EXCESS LIA									\$				
	DED									\$				
wo	ORKERS COMP	RETENTION \$ ENSATION								\$				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTIES (FYER 1977)								PER OTH- STATUTE ER						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$					
lf v	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$				
DÉ	SCRIPTION OF	OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$				
											1			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Pompano Beach is named as Additional Insured as their interest may appear in regard to work performed or services provided by the named insured for referenced project where required by written contract subject to the policy terms and conditio														
							APPR	OVFD	1 - Klappa					
						4	A	OVLD						
							By Danie	lle Thor	pe at 2:51 pm, De	ec 13	3, 2022			
CEDTI	EICATE UC	N DEB				_	•				<i>'</i> ')			
CERTIFICATE HOLDER 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.							
1	City	of Pompano Reach			t	AUTHORIZED REPRESENTATIVE								
City of Pompano Beach 100 W Atlantic Blvd														
								Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.						
	Pom	pano Beach, FL 33			ı	is rea	uired, pleas	e contact a	State Farm agent					

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2022

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.

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COMBINED SINGLE LIMIT
(Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) S AUTOS ONLY S UMBRELLA LIAB В X OCCUR 100053074201 4/1/2022 4/1/2023 **EACH OCCURRENCE** \$5,000,000 X **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$5,000,000 DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Pompano Beach is named as Additional Insured as their interest may appear in regard to work performed or services provided by the named insured for referenced project where required by written contract subject to the policy terms and conditions. **APPROVED** By Danielle Thorpe at 4:05 pm, Dec 15, 2022 CERTIFICATE HOLDER 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. City of Pompano Beach 100 W Atlantic Blvd AUTHORIZED REPRESENTATIVE Pompano Beach FL 33060