

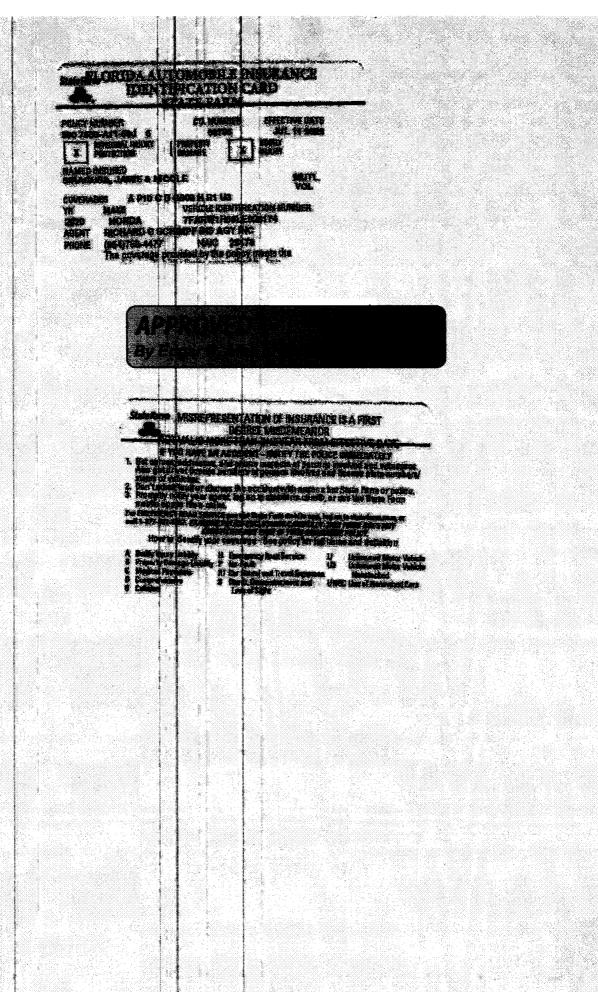
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/20/2022

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

RODUC					CONTA NAME:		kovich					
McGowan Allied Specialty Insurance 140 Fountain Parkway North, Suite 570										727-367-1407		
St. Petersburg FL 33716						E-MAIL ADDRESS: sbobkovich@mcgowanallied.com						
						INS	URER(S) AFFOR	DING COVERAGE			NAIC#	
License#: 973						INSURER A: T.H.E. Insurance Company					12866	
NSURED FEDELEA-01						INSURER B:						
Coconut Creek FL 33073						INSURER C : INSURER D : INSURER E :						
		INSURER F:										
COVERAGES CERTIFICATE NUMBER: 414871576						REVISION NUMBER:						
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REME ΓΑΙΝ, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER DESCRIBED PAID CLAIMS.	OCUMENT WITH	RESPEC	TO TO	WHICH TH	
R	TYPE OF INSURANCE		ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	(P (Y) LIMITS			S	
X	COMMERCIAL GENERAL LIABILITY			CPP010069412		4/7/2022	4/7/2023			\$1,000	,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		\$ 100,0	000	
								MED EXP (Any one)		\$0		
		1						PERSONAL & ADV I	INJURY	\$1,000	,000	
GE	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$2,000	,000	
Х	POLICY PRO- JECT LOC		1					PRODUCTS - COMP	P/OP AGG	\$0		
	OTHER:									\$		
AU	JTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	•••	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE SE	\$		
	AUTOS GIACT							(i or accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	DE .	\$		
	EXCESS LIAB CLAIMS-MADE	Ì						AGGREGATE		\$		
	DED RETENTION\$									\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE						PER STATUTE	OTH- ER	-				
								E.L. EACH ACCIDEN	•	s		
	FICER/MEMBEREXCLUDED?	N/A						E.L. DISEASE - EA E				
If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POL				
	SOME FIGURE OF ELECTRONS SERVE							E.E. DISEASE - FOE	JOI LIMIT	Ψ		
	PTION OF OPERATIONS / LOCATIONS / VEHIC cate holder is included as an addition								6			
EDTI	IFICATE HOLDER				CAN	CI I ATION	a Kamara a sata 10 yan 100					
CK II	IFICATE HULDEK				CAN	CELLATION						
	City of Pompano Beach				THE	EXPIRATION	DATE THE	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.				
100 West Atlantic Blvd. Pompano Beach FL 33060						AUTHORIZED REPRESENTATIVE						





Parks and Recreation Department

City of Pompago Beach, Florida 1801 NE 6 Sinjet, Posipara Beach, Florida 33060 [p: 954.786.4111 [# 954.786.4113

November 28, 2022

Federal League, Inc.
Jamie Siragusa
5152 NW 74th Court
Cocconut Creek, FL 33073

Dear Mr. Siragusa,

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 Plorida Statues.

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 asknowledging your compliance with the above requirements. Return this original letter to me at the Emma Lou Olson Civic Center, 1801 NE 6 Street, Pompano Beach, FL 33060. If you have any questions about this letter please telephone me at 954-786-4191.

Thank you,

Adam Schackmann

Adam Schackmann Recreation Supervisor

Federal League, Inc has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida <u>Federal League</u>. Inc 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 11-29-22
Signature Date

Jamié Silaguea President/CEO

Name and Title (print) Title