

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/02/2023

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).					
PRODUCER		CONTACT Diana Rodriguez			
Insurance Consulting Group, LLC		PHONE (A/C, No, Ext): (954) 389-4799 FAX (A/C, No): (844) 5	93-9453		
1825 Main Street		E-MAIL ADDRESS: Dianar@insurancecg.com			
Suite 102		INSURER(S) AFFORDING COVERAGE	NAIC #		
Weston	FL 33326	INSURER A: Travelers Property Casualty Co of America			
INSURED		INSURER B: The Travelers Indemnity company of Connecticut			
High Tech Engineering, Inc		INSURER C: The Travelers Indemnity company and its Affiliates			
13284 SW 120th Street		INSURER D: Kinsale Insurance Company			
		INSURER E :			
Miami	FL 33186	INSURER F:			
COVERAGES	CERTIFICATE NUMBER: CL23220553	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. ADDL SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 1,000,000 CLAIMS-MADE | CCCUR PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) Υ X-660-5K331770-TIL-23 02/09/2023 02/09/2024 1,000,000 Α PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X Loc POLICY PRODUCTS - COMP/OP AGG \$

\$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 \$ ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED SCHEDULED В BA-4R124588-23-47-G 02/09/2023 02/09/2024 BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY AUTOS ONLY HNO \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT UB-7P169499-23-47-G 02/09/2024 N/A 02/09/2023 OFFICER/MEMBER EXCLUDED? 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT Each Claim Limit \$1,000,000 Professional Liability **BINDER** \$1,000,000 D 02/09/2023 02/09/2024 Aggregate Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as additional insured with respects to general liabilty policy.

CERTIFICATE HOLDER		CANCELLATION	
City of Pompano Beach 100 West Atlantic Blvd		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Building Dept		AUTHORIZED REPRESENTATIVE	
Pompano Beach	FL 33061	Olan	

Each Claim Deductible

\$25,000