



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2021

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).

PRODUCER O2 Sports Insurance 110 E Broward Blvd, Suite 1700 Fort Lauderdale, FL. 33301	CONTACT NAME: PHONE (A/C, No, Ext): 1-855-351-2020 FAX (A/C, No) 1-855-984-2379 E-MAIL ADDRESS: info@o2sportsinsurance.com PRODUCER CUSTOMER ID:																					
INSURED Living Water Surf School LLC 900 SE 14 Ct Deerfield Beach, FL 33441	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th align="center">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Vantapro Specialty Insurance Company</td> <td align="center">44768</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Vantapro Specialty Insurance Company	44768	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		5075-6467-00	06/05/2021 12:01 AM	06/05/2022 12:01 AM	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$300,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Sexual Abuse or Sexual Molestation Liability - \$500,000 each occurrence (included above)/\$500,000 aggregate (included above)
 The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured. All policy terms and conditions apply.
 Activities Include: Watersports, Surfing, snorkeling, and beach games.

CERTIFICATE HOLDER City of Pompano Beach 100 W. Atlantic Blvd. Pompano Beach, FL. 33060	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. AUTHORIZED REPRESENTATIVE
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APPROVED *C. Lawrence*
 By Cindy Lawrence at 3:57 pm, Jun 02, 2021

Coverage is only extended to U.S. events and activities.

Florida Automobile Insurance Identification Card

Insurer: Progressive Select Insurance Co - 02960

Policy Number: 947065437

Effective Date: 09/12/2021

Expiration Date: 03/12/2022

Personal Injury Protection

Bodily Injury Liability

Benefits/Property Damage Liability

**See policy and outline of coverage;
damage to a rental vehicle is covered
to the extent shown therein.**

Named Insured(s):

William Zimmerman

PROGRESSIVE®

Year	Make	Model	VIN
2020	Ram	Ram 2500	3C6UR5FL2LG229227

NAIC Number: 10192

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE.

Ethepe

William Zimmerman

Platinum Level
Valued Customer Since 2021



Form A022 FL (10/20)

IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Progressive right away.

TO REPORT A CLAIM

Call 1-800-274-4499 or go to claims.progressive.com.

NEED ROADSIDE ASSISTANCE?

Call 1-800-776-2778.

PROGRESSIVE

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

See claims reporting information on reverse side.
Misrepresentation of insurance is a first degree misdemeanor.

PROGRESSIVE[®]



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05/07/2021

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PRODUCER Atlantic Pacific Insurance 11382 Prosperity Farms Road Suite 123 Palm Beach Gardens FL 33410	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CONTACT NAME:</td> <td>Lois Henrion</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>(561) 624-1800</td> </tr> <tr> <td>FAX (A/C, No):</td> <td>(561) 626-3153</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: lhenrion@apins.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Insurance Co.</td> <td style="text-align: center;">25666</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:	Lois Henrion	PHONE (A/C, No, Ext):	(561) 624-1800	FAX (A/C, No):	(561) 626-3153	E-MAIL ADDRESS: lhenrion@apins.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Insurance Co.	25666	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 21/22 WC REVISION NUMBER:

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

APPROVED *C. Lawrence*
 By Cindy Lawrence at 4:07 pm, Jun 02, 2021

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