



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2021

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).

| COVEDACES CERTIFICATE NUMBER. | DEVICION NUM | IDED. | | | |
|--|---|---------------------------|----------|--|--|
| | INSURER F: | | | | |
| Pompano Beach, FL 33060 | INSURER E: | | | | |
| 220 SE 13th St | INSURER D: | | | | |
| BEACH RAKER ,LLC | INSURER C: | | | | |
| INSURED | INSURER B: Economy Preferred Insuance Co | ompany | 38067 | | |
| | INSURER A: James River Insurance Co. | | 12203 | | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC# | | |
| Delray Beach, FL 33483 | E-MAIL ADDRESS: delraydocs@plastridge.com | | | | |
| Plastridge Insurance Agency 820 NE 6th Avenue | PHONE (A/C, No, Ext): (561) 276-5221 | FAX (A/C, No): (561) 2 | 276-5244 | | |
| PRODUCER | CONTACT NAME: | | | | |
| <u> </u> | | | | | |

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.

| | EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | | | | |
|-------------|--|--------------------------------|------------|-------|-----------|---------------|----------------------------|----------------------------|--|-----------------------|-----------|-----------|
| INSR LTR | INSR TYPE OF INSURANCE | | | DL SU | JBR VD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | | |
| Α | Х | COMMERCIAL GENERAL LIABILI | | | | | | | EACH OCCURRENCE | \$ | 1,000,000 | |
| | | CLAIMS-MADE X OCCU | I | | | 000975862 | 12/1/2021 | 12/1/2022 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 | |
| | | | Y |) | Y | | | | MED EXP (Any one person) | \$ | 5,000 | |
| | | | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEI | N'L AGGREGATE LIMIT APPLIES PE | R: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | | POLICY PRO- LOG | С | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | | OTHER: | | | | | | | | \$ | | |
| | AU1 | OMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | | OWNED SCHEDUL AUTOS | LED | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | HIRED NON-OWI AUTOS O | NED NLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | | \$ | | |
| В | | UMBRELLA LIAB X OCCU | JR | | | | | | EACH OCCURRENCE | \$ | | |
| | X | EXCESS LIAB CLAIN | //S-MADE | | | 000975882 | 12/1/2021 | 12/1/2022 | AGGREGATE | \$ | | |
| | | DED RETENTION \$ | | | | | | | Aggregate | \$ | 1,000,000 | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | PER OTH- STATUTE ER | | | |
| | | | E Y/N N/ | Α | | | | | E.L. EACH ACCIDENT | \$ | | |
| | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| | | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Operations: Beach Cleaning and Raking The Certificate Holder is also named as additional insured with respect to General Liability.

APPROVED

By Danielle Thorpe at 12:29 pm, Dec 02, 2021

CERTIFICATE HOLDER CANCELLATION
SHOULD ANY OF

City of Pompano Beach PO Box 1300 Pompano Beach, FL 33061 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED WITHIN 30 DAYS NOTICE.

AUTHORIZED REPRESENTATIVE

Topon Brawner