

CERTIFICATE OF LIABILITY INSURANCE

CRAI2-C

OP ID: DE

09/01/2015

09/01/2015 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 be endersed. 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 fleu of such endorsement(s). CONTACT NAME: PHONE (AC. No. Exg. 561-210-8715) E-HAN ADDRESS: PRODUCER Sena & Whitney Corp Office Sena & Whitney, LLC 190 Glades Rd Suite C (ALC, Noj. 581-210-8716 Boca Raton, FL 33432 INSURERIG AFFORDING COVERAGE NAIC # INSURER A: Security National Insurance Co INSURED Craig A. Smith & INSURER B. Associates, iNC. INSURER C: Stephen McBride INSURER D : 7777 Glades Road Suite 410 Boca Raton, FL 33434 INBURER E INSURER F: REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES 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 CLAMS. POCTCY EFF POLICY EXP NSD WYO TYPE OF INSURANCE POLICY NUMBER EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E0 occurrence) COMMERCIAL GENERAL LIABILITY CLA'MS L'ADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY 5 GENERAL AGGREGATE GENT AGGREGATE LIMIT APPLIES PER PRODUCTS - COMPION AGG \$ POLICY LOC OTHER COMBINED SHIGLE LINET AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED NGILLOWNED NGILLOWNED BODILY INJURY (Per accident) PROPERTY DANIAGE HIRED AUTOS EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE ç EXCESS LIAB CLAIMS-MADE RETENTION \$ STATUTE ER WORKERS COMPENSATION E L EACH ACCIDENT ANY PROPRIETORIPARTINER EXECUTIVE OFFICERINEMEER EXCLUDED? E L DISEASE - EA EMPLOYEE \$ Ottandatory in NPQ R yes, describe under DESCRIPTION OF OPERATIONS below EL D SEASE - POLICY LIMIT | \$ 1,000,000 04/01/2015 04/01/2016 EA CLAIM SES1123057 PROFESSIONAL E& O 2,000,000 AGGREGATE DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER POMPAN4 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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AUTHORIZED REPRESENTATIVE

CITY OF POMPANO BEACH

POMPANO BEACH, FL 33061

PO BOX 1300



CERTIFICATE OF LIABILITY INSURANCE

09/04/2015

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 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 life of such endorsement(s). PRODUCER CONTACT NAME: PHONE (A/C, No. Ext): 1-800-277-1820 x4800 FAX (A/C, No): (727) 797-0704 E-MAIL ADDRESS: FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue NAICE INSURER(S) AFFORDING COVERAGE Clearwaler, FL 33756 Frank Winston Crum Insurance Co. INSURER A 11600 INSURED INSURER B: INSURER C: INSURER D. FrankCrum UC/F Craig A. Smith & Associates, Inc. 100 South Missouri Avenue INSURER E Clearwater, FL 33756 INSURER F: CERTIFICATE NUMBER: COVERAGES 323536 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE UISURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING AMY 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. ADOL SUBR POLICY EFF (HINDDYYYYY) LYR TYPE OF INSURANCE POLICY NUMBER CENERAL LIA BILITY EACH OCCURRENCE 3 DAMAGE TO RENTED PREMISES (Ea pocytrence) COMMERCIAL GENERAL LIABILITY \$ DCCUR CLAFIS-NADE MED EMP (Any one person) 1 PERSONAL & ADV INJURY GENERAL AGGREGATE \$ DEWLAGGREGATE LIMIT APPLIES PER: PRODUCTS-COLIFICP AGG \$ POUCY PROJECT 1 COMBINED SONGLE LIMIT AUTOMOBILE LIABILITY 1 ANY ALTID ALL OWNED SCHEDULED AUTOS BOOKLY BUJURY (Per accident) \$ PROPERTY DAMAGE HIRED AUTOB NON-DANED AUTOS \$ 1 MARAPALLA CIAB OCCUR EACH OCUPRENCE CLANIS-MADE AGGREGATE DED RETENTION 6 5 WC STATUTORY LIMITS OTH-ER DICA PROFESSION AND WC201500000 01/01/2015 01/01/2016 EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICENSIABLE EXCLUDED? YIN N/A EL EACH ACCIDENT \$1,000,000 dations in MIS E L. DISEASE-EA EMPLOYEE \$1,000,000 If you, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE POLICY LIFT \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 181, Additional Permaria, Schedule, If more upace is required) Effective 12/01/2011, coverage is for 100% of the employees of FrankCrum leased to Cralg A. Smith & Associates, Inc. (Client) for whom the dient is reporting hours to FrankCrum. Coverage is not extended to statutory employees. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED REFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS City of Pompano Beach AUTHORIZED REPRESENTATIVE Attn: Risk Manager

PO Box 1300

Pompano Beach, FL 33061

| ACORD" | |
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CERTIFICATE OF LIABILITY INSURANCE

09/02/2015

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 SETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

| REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. | | | | | | | | | |
|---|---|---------|--------------|---------------------------------------|--|--------------------|------------------------|---|----------------------|
| BMP | ORTANT: If the certificate holder | is a | пAĎ | DITIONAL INSURED the | nolicy | flee's must b | n endorsed | If STIDDOOATION to MAN | SOL WELL AL |
| (III) | prime min onlinemous or rue bolich | , cer | taun j | olicies may require an e | udorae | ment. A sta | tement on ti | NAVY at MOUN ACONDONIA | eu, subject to |
| COLL | ucare ligider in field of affect evidor | 4 em | ent(s | <u> </u> | | | | | n rights to all |
| PRODUC | | | | | SONIA | CT | · - | | |
| Marsh Sponsored Programs | | | | | PHONE | Por 1.87 | 7-320-9393 | FAX 1-1 516 | 365.0895 |
| | ervice of Seabury & Smith, Inc. | | | | E-MAIL | | | | |
| | 8ox 14404 | | | | ADDRESS: 715Kmanagoment@marshpm.com Vendor INSURER(a) AFFORDING COVERAGE | | | | |
| Des Moines, IA 50306-9686 | | | | | INGURE | NAIC 8 | | | |
| NSURE | | | | | NSURE | 24147 | | | |
| CRAIG A. SMITH & ASSOCIATES | | | | | NISURE | | | | |
| 77 | 77 Glades Road Suite 410 | | | | | | | | |
| Bo | ca Raion, FL 33434 | | | | INBURE | | | | [|
| | | | | | | | | | |
| COVE | RAGES CER | TIE | CATO | NUMBER: | MOURE | RF: | • | DE SOLOMAN BARES | |
| | IS TO CERTIFY THAT THE POLICIES | | | | VC DEE | N Relien to | THE INCLINE | REVISION NUMBER: | OLICY DEDICE |
| INDEC | ATED. NOTWITHSTANDING ANY REFERENCE MAY BE ISSUED OR MAY | EQUI | REME | NT. TERM OR CONDITION | OF ANY | Y CONTRACT | DR OTHER | DOCUMENT WITH DESPECT TO | O WHICH THIS |
| EXCL | USIONS AND CONDITIONS OF SUCH | POLI | CIES. | LIMITS SHOWN MAY HAVE | BEEN | REDUCED BY | PAID CLAIMS | O MEREIN IS SUBJECT TO AL | LIME TERMS, |
| NSA LTR | TYPE OF INSURANCE | ADDL | SUB-R WWD | POLICY NUMBER | | POLICY EFF | | LIMITS | |
| | COMMERCIAL GENERAL EMBILITY | UNDEZ | MANAL | 7 OC/OT WOMBER | | THUCK A PITTY | IMBOLIAN TETT | EACH OCCURRENCE \$ | |
| | CLAMS-MADE OCCUR | | | | | | | DAVAGE TO RENTED | |
| F | 13 02220 | | | | | | | PREMISES (En occurrence) 1 MED EXP (Any one person) \$ | |
| | 1 | | l . | | . | | | PERSONAL & ADV INJURY \$ | |
| GE | INL AGGREGATE LIMIT APPLIES PER: | | | APPHOVEI risk managene |) | | | | |
| - | POLICY PRO LOC | | | ON: . o / ni | 11 | | | | |
| | 1 | | | 31. 7.07.01 | MA | | | PRODUCTS - COMPOPAGE \$ | |
| Ali | OTHER: TOMOBILE LUBBLITY | | | - 59m | • | | | COMBINED SINGLE LIMIT | 000,000 |
| | 1 | | | | 1 | | | (Ea accidem) 1/1 GODILY INJURY (Per person) \$ | |
| . H | ANY AUTO ALL OWNED X SCHEDULED AUTOS X AUTOS | x | x | L106034-15 | | 04/27/2015 | N4/27/2018 | BODILY INJURY (Per accident) | |
| A | NON-OWNED | ^ | ^ | 2100004713 | | O 11 2 1 1 2 0 1 3 | ONEMEGIC | PROPERTY DAMAGE [PMLASSIGN) | |
| Ĥ | HIRED AUTOS AUTOS | | | | | | | [Part accident)] | *** |
| - | VANGRELLA LIAB DECUR | | \vdash | , , , , , , , , , , , , , , , , , , , | | | | EACH OCCURRENCE \$ | |
| 1 | EXCESS LIAB CLARKS MADE | | | | - 1 | | | AGGREGATE \$ | |
| } | DED RETENTION \$ | 1 | 1 | | | | | NOONE UNIE | |
| | RKERS COMPENSATION | | - | | | | | PER DINI. | |
| | DEMPLOYERS LIABILITY PROPRIETORIPARTHER/EXECUTIVE Y/N | | | | - 1 | | | E.L. EACH ACCIDENT \$ | |
| OFF | RCERIMEMBER EXCLUDED? | N/A | | | ľ | | | · · · · · · · · · · · · · · · · · · · | |
| 1 | ndatory In MH) In, describe under SCRIPTION OF OPERATIONS below | | | | | i | | E.I. DISEASE - EA EMPLOYEE S | |
| DES | SCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| | | | | | l | | | | |
| - 1 | | | | | | | | | |
| OF DE DIG | TION OF OPERATIONS / LOCATIONS / VIENICE | E & // | 0000 | 484 Additional Bamarka Onhada | le march | a manhad Manad | a casan la tanul | -0. C00P-20L2 | |
| CESCHUP | POR OF OFERCIONS / LOCATIONS / NOTICE | - E-0 V | www | 1914 VOOGSONE LOGINEERS SCHOOLS | no, somy as | | e share is reday | er, di bit iqui | |
| | ovides protection for any & ab operations/jobs | | | | | tten contract. Ce | etificate holder is | an Additional Insured where required | by written contract. |
| Waking of Subrogation included whore required by written contract. Insurance is primary and non-contributory. Additional Insured: City of Pompane Beach | | | | | | | | | |
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| CANCELLATION CANCELLATION | | | | | | | | | |
| City of Pompano Boach | | | | | SHO | ULD ANY OF T | HE ABOVE O | ESCRIBED POLICIES BE CANCE | LLED BEFORE |
| | | | | THE | EXPIRATION | DATE THE | REOF, NOTICE WILL BE D | | |
| | n: Risk Manager | | | | ACCORDANCE WITH THE POLICY PROMISIONS. | | | | |
| PO Box 1300 | | | | | | | | | |
| Pompano Beach, FL 33061 | | | | | | | | | |
| 1 on porto dedeni i E 2000 i | | | | | | | /. | The Cignor | |
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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

9/02/2015

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| PRODUCER | NAME: Jeanne B. Bender | | | | | |
|--------------------------------|--|--------------|--|--|--|--|
| Cypress Insurance Group | | 954 772 9424 | | | | |
| PO Box 9328 | ADDRESS: Jeanne B. Bender | | | | | |
| Fort Lauderdale, FL 33310-9328 | INSURER(8) AFFORDING COVERAGE | NAIC # | | | | |
| 954 771-0300 | INSURER A : Phoenix Insurance Company | 25623 | | | | |
| MISURED | MSURER B : Ohio Casualty Insurance Company | 24074 | | | | |
| Craig A. Smith & Associates | Maurenc : Commarce & Industry Insurance | 19410 | | | | |
| PO Box 880128 | INSURER D : | | | | | |
| Boca Raton, FL 33488 | MSURER E: | | | | | |
| | INSURER F; | | | | | |

| MSURER F; | | | | | | | | |
|---|---|---------------------------|-----------------------------|----------------|--|----------------------|--|--|
| 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. | | | | | | | | |
| MSR TYPE OF INSURANCE | NOOL SUBR | POLICY MUMBER | POLICY EFF | (MMDD/YYYY) | LIMIT | 5 | | |
| A GENERAL LUBILITY | ! | X660505M2249PHX1 | 12/01/2014 | 12/01/2015 | EACH OCCURRENCE | \$1,000,000 | | |
| X COMMERCIAL GENERAL LIABILITY | | | | 1 | PREMISES (Fa occupance) | \$100,000 | | |
| CLAIMS-MADE X OCCUR | | | | | MED EXP (Any one person) | \$5,000 | | |
| | | | | ! | PERSONAL & ADV INJURY | s1,000,000 | | |
| | | | | | GENERAL AGGREGATE | \$2,000,000 | | |
| GENT AGGREGATE LIMIT APPLIES PER: | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 | | |
| POLICY X PRO: LOC | | | | | | \$ | | |
| E AUTOROBILE LIABILITY | | BAS53319679 | 12/01/2014 | 12/01/2015 | COMBINEO SINGLE LIMIT (En accident) | \$1,000,000 | | |
| OTUA YHA | | | | | BÖDILY INJURY (Per person) | \$ | | |
| AUTOS X SCHEOULEO | | | | | BODILY WJURY (Per accident) | \$ | | |
| HERED AUTOS AUTOS | [| | | | PROPERTY DAMAGE (Par populant) | 5 | | |
| | | | | | | \$ | | |
| C X UMBRELLA LIAB X OCCUR | | BE087929318 | 12/12/2014 | 12/01/2015 | EACH OCCURRENCE | s5,000,000 | | |
| EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | £5,000,000 | | |
| DED X RETENTIONSO | | | | | | s | | |
| WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | APPROVED | | | I ORY LIMITS ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | RISK MANAGEMEN' | 7,1 | | E.L. EACH ACCIDENT | 5 | | |
| (Mandatory in NH) | | BY: (1) | 7 7 | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| if yes, describe under DESCRIPTION OF OPERATIONS below | | - m | <u> </u> | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| | | | , l | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Allach ACORD 101, Additional Remarks Schadule, Il more apace is required) | | | | | | | | |
| Re: Continuing Contract for Enginee Blanket Additional Insured Form #CG | ring 54 (| Marian to the Go | neral Liability on | d nor the w | ritten | | | |
| contract or agreement is deemed to it | notudo (| the cartificate holder s | ublact to the noti | cu terms, c | onditions | | | |
| _ | riciuu o i | Ille cermicate noider e | abject to the pon | cy torrilo; c | ottattions | | | |
| and exclusions that apply. | | | | | | | | |
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| CERYIFICATE HOLDER CANCELLATION | | | | | | | | |
| | SHOULD ANY OF | THE ABOVE OF | ESCRIBED POLICIES BE CA | NCELLED BEFORE | | | | |
| City of Pompano Beach, a | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| Risk Manager | | | | | | | | |
| PO Box 1300 | | AUTHORIZEO REPRESENTATIVE | | | | | | |
| Pompano Beach, FL 330 | | MUTHONICO REPRESE | WILLIAMISED DES DESCRIPTINE | | | | | |
| Roser G. Bond | | | | | | | | |
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