



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/16/2023

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 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).

<b>PRODUCER</b> Insurance Office of America, Inc. 1855 West State Road 434 Longwood FL 32750	<b>CONTACT NAME:</b> Beverly Weed <b>PHONE (A/C, No, Ext):</b> 407-998 - 5691 <b>E-MAIL ADDRESS:</b> Beverly.Weed@ioausa.com <b>FAX (A/C, No):</b> 407-788-7933												
<b>INSURED</b> Circuit Transit, Inc. 501 E Las Olas Blvd, Suite 300 Fort Lauderdale FL 33301	<b>INSURER(S) AFFORDING COVERAGE</b> <table><tr><td><b>INSURER A :</b> Insurance Company of the West</td><td><b>NAIC #</b> 27847</td></tr><tr><td><b>INSURER B :</b> United States Fire Insurance Company</td><td>21113</td></tr><tr><td><b>INSURER C :</b> North River Insurance Company</td><td>21105</td></tr><tr><td><b>INSURER D :</b> Oxford Insurance Company NC LLC</td><td>16817</td></tr><tr><td><b>INSURER E :</b></td><td></td></tr><tr><td><b>INSURER F :</b></td><td></td></tr></table>	<b>INSURER A :</b> Insurance Company of the West	<b>NAIC #</b> 27847	<b>INSURER B :</b> United States Fire Insurance Company	21113	<b>INSURER C :</b> North River Insurance Company	21105	<b>INSURER D :</b> Oxford Insurance Company NC LLC	16817	<b>INSURER E :</b>		<b>INSURER F :</b>	
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**COVERAGES****CERTIFICATE NUMBER:** 484634942**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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			543-233072-7	6/13/2023	6/13/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			133-754726-7	6/13/2023	6/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			582-121495-8	6/13/2023	6/13/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WFL5046725 04	3/1/2023	3/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Umbrella over Auto			579-23-NC	6/11/2023	6/11/2024	Each Occurrence 4,000,000 Aggregate 4,000,000

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

Professional Liability/Errors & Omissions - Houston Casualty Company  
Policy Number: H21TG31246-01 - Effective 9/9/22 - 9/9/23  
Limit: \$2,000,000 - Aggregate - \$3,000,000  
Deductible - \$15,000

**APPROVED** *C. Lawrence*  
By LawCin at 9:02 am, Jan 18, 2024

Certificate Holder is Additional Insured with regard to General Liability and Auto Liability on a Primary and Non-Contributory basis as required by written contract or agreement. A Waiver of Subrogation in favor of the Certificate Holder applies with regard to General Liability, Auto Liability and Workers Compensation as required by written contract or agreement.  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

City of Pompano Beach  
100 W Atlantic Blvd.  
Pompano Beach FL 33060

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

*Charles P. Brown*

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Insurance Office of America, Inc.		NAMED INSURED Circuit Transit, Inc. 501 E Las Olas Blvd, Suite 300 Fort Lauderdale FL 33301
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

City of Pompano Beach is named as Additional Insured with regard to the General Liability and Auto Liability on a Primary and Non-Contributory basis as required by written contract or agreement. Umbrella is excess over the general liability. 30 day Notice of Cancellation applies.