

Exhibit B - Updated Insurance - Pompano Beach Piranhas CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/05/2021

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).

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|---|--|-------------------------|--|-------------------------|------------|
| this certificate does not confe | r rights to the certificate holder in lieu of s | uch endors | ement(s). | | |
| PRODUCER | 1-602-840-3234 | CONTACT NAME: | Carolyn (Sandi) J Blumit | | |
| Risk Management Services, | Inc. | PHONE (A/C, No, Ext) | 602-840-3234 | FAX (A/C, No): 602-2 | 74-9138 |
| P.O. Box 32712 | | E-MAIL ADDRESS: | info@theriskpeople.com | | |
| | | | INSURER(S) AFFORDING COVERAG | E | NAIC# |
| Phoenix, AZ 85064-2712 | | INSURER A: | NATIONAL CASUALTY COMPANY | | 11991 |
| POMPANO BEACH PIRANHAS USA Swimming, Inc dba USA Swimming 820 NE 18TH AVE | | INSURER B: | INSURER B: Nationwide Life Insurance Company | | |
| | | INSURER C: | | | |
| | | INSURER D: | | | |
| | | INSURER E : | | | |
| POMPANO BEACH, FL 33060 | | INSURER F: | | | |
| COVERAGES | CERTIFICATE NUMBER: 61146463 | | REVISION N | UMBER: | |
| | POLICIES OF INSURANCE LISTED BELOW HA | | | | |
| | 3 ANY REQUIREMENT, TERM OR CONDITION OR MAY PERTAIN. THE INSURANCE AFFORD | | | | |
| | OF SUCH POLICIES. LIMITS SHOWN MAY HAVE | | | GODULOT TO ALL | THE TERMS, |
| INSR TYPE OF INSUPANCE | ADDL SUBR | POI | LICY EFF POLICY EXP | LIMITS | |

| EXCEOSIONS AND CONDITIONS OF SOCIT POLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY FAID CEANING. | | | | | | | | | | |
|--|--|---|---|---|--|---|---|--|-------|---|
| INSR LTR TYPE OF INSURANCE | | TYPE OF INSURANCE INSD WVD POLICY NUMBER POLICY EFF POLICY EXP (MM/DD/YYYY) | | | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
| Х | COMMERCIAL GENERAL LIABILITY | х | х | KKO0000008594800 | 01/01/21 | 01/01/22 | EACH OCCURRENCE | \$ 1,000,000 | | |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 | | |
| x | Participant Legal | | | | | | MED EXP (Any one person) | \$ 5,000 | | |
| х | Liability Included | _ | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | | |
| GEN | | \perp | | \sim | | | GENERAL AGGREGATE | \$ 10,000,000 | | |
| | POLICY PRO- X LOC | A | וחר | POVED | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | | |
| | OTHER: | Ar | PI | ROVED | | | ABUSE/MOLESTATION | \$ 1,000,000 | | |
| AUT | OMOBILE LIABILITY | Rv | Dan | ielle Thorne at 6:25 p | m Jan 0! | 2021 | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | | | Jun | ione Thorpe at 0.20 pi | n, oan oc | , 2021 | BODILY INJURY (Per person) | \$ | | |
| | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | \$ | | |
| | UMBRELLA LIAB X OCCUR | х | х | XKO0000008594900 | 01/01/21 | 01/01/22 | EACH OCCURRENCE | \$ 5,000,000 | | |
| х | EXCESS LIAB CLAIMS-MAD | E | | | | | AGGREGATE | \$ 5,000,000 | | |
| | DED RETENTION\$ | | | | | | | \$ | | |
| | EMPL OVEROUL IARILITY | | | | | | PER OTH- STATUTE ER | | | |
| ANYP | PROPRIETOR/PARTNER/EXECUTIVE | n I | | | | | E.L. EACH ACCIDENT | \$ | | |
| (Man | datory in NH) | ۰,۰۰ | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| If yes DESC | , describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| XS | Accident-Medical | | | BAX0000031521100 | 01/01/21 | 01/01/22 | Maximum Limit | 25,000 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | X X X X X X X X X X X X X X X X X X X | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Participant Legal X Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- X LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MAD DED RETENTION \$ | X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X Participant Legal X Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY VEXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X Participant Legal X Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PECT X LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Participant Legal X Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODU | TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X Participant Legal X Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- X LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR X X X XKOOOOOOO8594900 OTIO1/21 X EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POLICY PRO- X LOC APPROVED By Danielle Thorpe at 6:25 pm, Jan 08 X X XKOOOOOO08594900 OTIO1/21 X X XKOOOOOO08594900 OTIO1/21 N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X X KKOOOOOOO8594800 01/01/21 01/01/22 CLAIMS-MADE X OCCUR X PARTICIPANT Legal X Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY AUTONOMILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMBER EXCLUDED? (Mandatory in NH) (fyes, describe under OPERATIONS below | TYPE OF INSURANCE INSD WWD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE X OCCUR X Participant Legal X Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO YECT OTHER: ANY AUTO OWNED AUTOS ONLY HRED AU | | |

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

Verification of General Liability, Excess Liability & Abuse/Molestation coverage for COVERED ACTIVITIES. General Liability Aggregate is \$10,000,000 per Location. Abuse/Molestation Aggregate on the General Liability policy is \$2,000,000. Abuse/Molestation is excluded on the Excess Liability Policy. 30 Day Notice of Cancellation Per Policy Provision. The Certificate Holder is Included as Additional Insured per attached BLANKET ADDITIONAL INSURED ENDORSEMENT effective Certificate issue date.

| CERTIFICATE HOLDER | CANCELLATION |
|-------------------------|--|
| City of Pompano Beach | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 100 W Atlantic Blvd. | AUTHORIZED REPRESENTATIVE |
| Pompano Beach, FL 33060 | Carolyn J. Blumit |

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| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC | |

ACORD_{TM}

ADDITIONAL REMARKS SCHEDULE

| Page | 1 | of | 1 |
|------|---|-------------|---|
| | | · · · · · · | |

| AGENCY | | NAMED INSURED | |
|-----------------------------------|-----------|--|------------|
| K&K Insurance Group, Inc. | | | |
| POLICY NUMBER KKO0000008594800 | | USA SWIMMING, INC. DBA USA Swimming Etal | MEMBER NO: |
| CARRIER | NAIC CODE | | |
| SEE ACORD 25 | | EFFECTIVE DATE: SEE ACORD 25 | |

ADDITIONAL REMARKS

| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, | |
|---|--|
| | |

FORM NUMBER: ACORD 2 FORM TITLE: CERTIFICATE OF LIABILITY INSRUANCE

"COVERED ACTIVITIES"

With respect to USA Swimming member clubs, group members, member coaches, volunteers and additional insured owners/lessors of premises, sponsors and co-promoters, "Covered Activities" are defined as:

- Swimming meets that have been issued a written sanction or approval. Approval means a permit issued by one of the USA Swimming, Inc. Local Swimming Committees for swimming meets conducted in conformance with USA Swimming, Inc. technical rules in which members and non-members may compete. USA Swimming, Inc. member clubs that either host or participate in a swimming meet that has been issued an approval will be considered an insured provided that all of its athletes or participants and coaches are members of USA Swimming, Inc.
- 2) Swimming practices, dry land training activities, camps and learn to swim programs where all swimmers or participants are members of USA Swimming, Inc. or United States Masters Swimming and are conducted under direct and active supervision of a member coach. Dry land training activities means weight training, running, calisthenics, exercise machine training, and any other activity for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
- 3) USA Swimming, Inc. Swim-A-Thons, Fund raising activity which clubs can purchase for lap-athons
- 4) Approved social events and approved fundraising activities that are social events and activities for which an insured has received approval from USA Swimming, Inc. or its authorized representative.
- 5) Swimming tryouts. Swimming Tryouts means swimming practices where a swimmer(s) who is not and who has never been a member of USA Swimming, Inc. participates with a USA Swimming, Inc. club for a period not to exceed thirty consecutive days in a twelve month period to determine the swimmer's interest in becoming a member of USA Swimming, Inc.
- 6) Office premises liability for Member Clubs and LSCs
- 7) STSC, CPR, and Lifeguard Certifications of USA Swimming member coaches done by USA Swimming member coaches that are member representatives of one of the approved agencies listed on the USA Swimming STSC In-Water Skills Checklist.
- 8) "Organized practices" that have been reported and a premium has been paid for. Organized practices are defined as recreation league meets hosted by USA Swim Teams with community teams that are not USA Swimming member teams.
- 9) Virtual Dryland Training/Instruction under the direct supervision of a USA Swimming Member Coach. The training must involve live online streaming/real-time instruction or training via the internet. The instructor should be able to communicate visually and verbally with the participants at all times during instruction. Coverage does not extend to recorded videos/sessions where there is no live or real-time interaction and the recordings are accessible by someone other than your clients/members.

National Casualty Company

| END | ORS | EMI | ENT |
|-----|-----|-----|-----|
| NO. | | | |

| ATTACHED TO AND FORMING A PART OF POLICY NUMBER | ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME) | NAMED INSURED | AGENT NO. |
|---|--|---|-----------|
| KKO0000008594800 | 01/01/21 | USA SWIMMING, INC. dba: USA Swimming Etal | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSUREDS OWNERS AND/OR LESSORS OF PREMISES, SPONSORS OR CO-PROMOTERS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The policy is amended to include as an additional Insured any person or organization of the types indicated by an "X" in any boxes shown below, but only with respect to liability arising out of your operations:

- X Owners and/or lessors of the premises leased, rented, or loaned to you, subject to the following additional exclusions:
 - This insurance applies only to an "occurrence" which takes place while you are a tenant in the premises;
 - This insurance does not apply to "bodily injury" or "property damage" resulting from structural alterations, new construction or demolition operations performed by or on behalf of the owner and/or lessor of the premises;

c. This insurance does not apply to liability of the owners and/or lessors for "bodily injury" or "property damage" arising out of any design defect or structural maintenance of the premises or loss caused by a premises defect.

With respect to any additional insured included under this policy, this insurance does not apply to any negligence of such additional insured.

| , , , | |
|---|-----|
| X Sponsors | |
| X Co-Promoters | |
| Any individual person(s) or organization(s) lis | ted |
| below: | |

Authorized representative Date

KR-GL-56 (4-07) Page 1 of 1