OP ID: DL

ACORD°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/05/2021

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).

	054 005 0404	CONTACT Diana Lange Cabatt		
PRODUCER	954-825-0424	CONTACT Diana Lanza Schott		
Lanza Insurance Agency Inc. 9900 W Sample Road - Ste 300		PHONE (A/C, No, Ext): 954-825-0424 FAX (A/C, No):		
Coral Springs, FL 33065 Diana Lanza Schott		E-MAIL Diana@LanzaIns.com		
		INSURER(S) AFFORDING COVE	NAIC #	
		INSURER A: James River Insurance Co	o	12203
INSURED Shiff Construction &		INSURER B : Progressive Express Ins.	10193	
Development Inc		INSURER C : EVANSTON INSURANCE	COMPANY	35378
180 SW 6 Street Pompano Beach, FL 33060		INSURER D : AGCS Marine Ins Compar	22837	
. empane 2000n, 1 2 00000		INSURER E :		
		INSURER 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.

	, JEC	DOIONO AND CONDITIONS OF SOCIE	ADDL			POLICY EFF	POLICY EXP		
INSR LTR		TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
Α	Х	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	Х		00071075-5	04/04/2021	04/04/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 1,000
1								PERSONAL & ADV INJURY	\$ 1,000,000
	GEI	N'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$ 2,000,000
1	X	POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
1		OTHER:							\$
В	ΑU	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO			06427311	05/07/2021	05/07/2022	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
С		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 4,000,000
1	X	EXCESS LIAB CLAIMS-MADE			EZXS3023110	04/04/2021	04/04/2022	AGGREGATE	\$
1		DED RETENTION\$							\$
	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. EACH ACCIDENT	\$
			,,,					E.L. DISEASE - EA EMPLOYEE	\$
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
D	Εqι	ıipment Floater			TRAILER MXI930798248658	06/25/2020	06/25/2021		
1									
1									
1									

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

City of Pompano Beach is listed as additional insured as per written contract

APPROVED

By Danielle Thorpe at 12:39 pm, Apr 07, 2021

CERTIFICATE HOLDER	CANCELLATION
POMPA	NO
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.
Building Department 100 West Atlantic Blvd Pompano Beach, FL 33060	AUTHORIZED REPRESENTATIVE