

Exhibit B - Minority Help, Inc. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/26/2017

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).

	inder comonico):				
PRODUCER		CONTACT NAME:	Paulo Lopes		
Express Service Insurance Agency		PHONE (A/C, No, Ext)	_{1:} (954) 943-7900	FAX (A/C, No): (9	54) 943-1810
900 E. Atlantic Blvd. #10		E-MAIL ADDRESS: paulo@express4u.net			
			INSURER(S) AFFORDING COVERAGE		NAIC #
Pompano Beach FL 3306		INSURER A: GREAT DIVIDE INSURANCE COMPANY			
INSURED		INSURER B:			
MINORITY HELP, INC		INSURER C:			
4624 N Federal Hwy		INSURER D :			
		INSURER E :			
Lighthouse Point	FL 33064	INSURER F:			
COVERAGES	CERTIFICATE NUMBER:		REVISION NUI	MBER:	

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	INSR ADDLISUBR POLICY EXP							
LTR			WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000.00
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000.00
	X ADDITIONAL INSURED						MED EXP (Any one person)	\$ EXCLUDED
Α	X PRIMARY BASIS	Υ	N	FL06172017-068789	06/24/2017	06/25/2017	PERSONAL & ADV INJURY	\$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000.00
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$
							AGGREGATE	\$
	DED RETENTION \$							\$
	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.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
А	Host Liquor Protection Included \$1,000			\$1,000,000.00				

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 with regards to General Liability Insurance.

Features:

- •Third Party Property Damage Coverage Included
- •Per Event Aggregate
- Contractual Liability
- •Volunteers Included as insureds

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.		
4400 NE 18th AVE	AUTHORIZED REPRESENTATIVE		
POMPANO BEACH, FL 33064			
FAX 954-786-4113			
	0.4444.444.444.444.444.444.444.444.444.		

	AGENCY CUSTOMER ID:	
	LOC #:	_
CORD®	ADDITIONAL REMARKS SCHEDULE	Page of

ADDITION	. 490	- "		
AGENCY		NAMED INSURED		
Express Service Insurance Agency		MINORITY HELP, INC		
POLICY NUMBER				
CARRIER	NAIC CODE			
		EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: Certificate of Liability Insurance FORM NUMBER: 25

- •Includes set-up and take-down
- •Claims handled by Event Insurance Now/Staff

APPROVED

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By John Mealer at 9:01 am, Apr 27, 2017