

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/07/2023

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 have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject this certificate does not confer rights t				-	• .	-	require an endorsement	t. Ast	atement on											
PRODUCER  Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306					CONTACT   NAME:   PHONE   (A/C, No.):   E-MAIL   ADDRESS:   support@nextinsurance.com															
															INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #
															INSURE		surance US Cor			16285
INSURED					RB:		· · · · · · · · · · · · · · · · · · ·													
Taylor Smith Dreamweaver 5705 Post Oak Blvd Wesley Chapel, FL 33544				INSURE			, 2													
					INSURER D :															
				INSURE																
					INSURER F:				6											
COVERAGES CER	TIFIC	ATE	NUMBER: 533362439				REVISION NUMBER:													
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR	EQUIRE PERTA POLIC	EMEN' AIN, T CIES. L SUBR	T, TERM OR CONDITION HE INSURANCE AFFORD IMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	CT TO O ALL	WHICH THIS											
LTR TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT													
X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		,000.00											
CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$100,0												
	x		INTLADADA ACCI		11/17/2022	11/17/2022	MED EXP (Any one person)	\$5,000												
A	^		NXTL4P4J3V-00-GL		11/17/2022	11/17/2023	PERSONAL & ADV INJURY		,000.00											
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO-							GENERAL AGGREGATE		,000.00											
A POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000.00											
OTHER:  AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT	\$	***************************************											
	4.0	20	OVED A	0	01/1		(Ea accident) BODILY INJURY (Per person)	\$												
OWNED SCHEDULED	API	APPROVED  By Edgar P. Alba at 8:33 am, Jun 21, 2023																		
AUTOS ONLY   AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	- 1												
AUTOS ONLY AUTOS ONLY	oy ⊏	uya	ai P. Aiba ato.s	os ai	II, Juii 2	1, 2023	(Per accident)	\$												
UMBRELLA LIAB OCCUIR		_				-		·												
EXACTOR LAD							EACH OCCURRENCE	\$												
OLANIVIO-WADE	1						AGGREGATE	\$												
DED   RETENTION \$   WORKERS COMPENSATION							PER OTH- STATUTE ER	\$												
AND EMPLOYERS' LIABILITY																				
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$												
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE													
DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (AC	CORD 1	01, Additional Remarks Schedu	le, may b	e attached if mo	re space is require	ed)													
The Certificate Holder is City of Pompano Beach Endorsement. All Certificate Holder privileges a conditions.	n. This ( pply or	Certifi nly if re	cate Holder is an Additional equired by written agreeme	Insured Int betw	d on the Gene een the Certif	ral Liability poli icate Holder an	cy per the Additional Insured d the insured, and are subje	d Autom	natic Status olicy terms and											
CERTIFICATE HOLDER				CANI	CELL ATION															
CERTIFICATE HOLDER			LIVE OFFICIOATE	CANC	CELLATION															
City of Pompano Beach 100 W Atlantic Blvd Pompano Beach, FL 33060			LIVE CERTIFICATE	SHOULD ANY OF THE ABOVE D THE EXPIRATION DATE THE ACCORDANCE WITH THE POLIC			EREOF, NOTICE WILL E													
				AUTHORIZED REPRESENTATIVE  Ann Ryan																

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