

**AGREEMENT BETWEEN  
CITY OF POMPANO BEACH  
AND  
REBUILDING TOGETHER BROWARD COUNTY, INC.  
&  
KAPPA FOUNDATION OF POMPANO BEACH, INCORPORATED**

This Agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2017, by and between CITY OF POMPANO BEACH ("CITY"), a municipal corporation of the State of Florida, with offices at 100 W. Atlantic Boulevard, Pompano Beach, Florida 33060 and REBUILDING TOGETHER BROWARD COUNTY, INC. ("RTBC") whose mailing address is at 4824 NE 12<sup>th</sup> Avenue, Oakland Park, Florida 33334 and KAPPA FOUNDATION OF POMPANO BEACH, INCORPORATED ("KAPPA") whose mailing address is 1421 NW 3<sup>rd</sup> Way, Pompano Beach, Florida 33066, both Florida Not For Profit Corporations.

**Recitals**

WHEREAS, the parties desire to provide urgent home repairs and important home improvements in a low income community within the City of Pompano Beach; and

WHEREAS, CITY wishes partner with RTBC and KAPPA and host National Rebuilding Day in Pompano Beach to be held on April 29, 2017 (the "Project"), with the goal of leveraging respective resources to provide meaningful home improvements that are significant, immediate and long lasting at no cost to the selected homeowners; and

WHEREAS, CITY has designated the Community Redevelopment Agency ("CRA") as the Contract Administrator; and

WHEREAS, CITY has designated the Community Redevelopment Agency ("CRA") to serve as the city liaison to RBTC and KAPPA for this event as project coordinator; and

WHEREAS, CITY, RTBC and KAPPA wish to establish the obligations and responsibilities of each party with regard to the Project, now, therefore,

IN CONSIDERATION of the mutual terms, conditions, promises, covenants and payments hereinafter set forth, CITY, RTBC and KAPPA agree as set forth below:

**ARTICLE 1  
RECITATIONS**

The foregoing "WHEREAS" clauses are hereby adopted and incorporated as part of this Agreement.

## **ARTICLE 2 CITY RESPONSIBILITIES**

2.1 CITY agrees to donate \$50,000 to RTBC and KAPPA for this annual project, plus in-kind services including but not limited to police services and garbage pickup, including bulk, for the purpose of providing home repairs in the low income community within the CITY limits as agreed upon by CITY, RTBC and KAPPA, including final inspections by CITY of the qualified, completed home repairs, assistance with obtaining permits for the home repairs and payment of any permit and inspection fees related to the home repairs.

2.2 CITY shall perform the above Services through the Building Department, or any other division, department or office as may be designated by the City Liaison.

2.3 CITY will approve the donation of \$50,000 to RTBC and KAPPA with two equal payments. First increment of the donation of \$25,000 will be made upon signing of this agreement and the second donation of \$25,000 will be made within two (2) weeks following the date of the last open permit receiving final inspection approval.

2.4 CITY will secure a central location within the selected neighborhood, at no cost to RTBC and KAPPA, which is to be utilized as a staging area for the Project event on April 29, 2017, and will be used as the event day headquarters. The location will be used for general set-up and staging, media, mobilization, volunteer coordination and breakfast/lunch distribution.

2.5 CITY agrees to work with RTBC and KAPPA and secure a form of income verification on the selected homeowners, via a current payroll check stub, W-2, SS/SSI statement or last two year's IRS income tax filings. The selected homeowners will be individuals with low-incomes that are adjusted for family size for households within Broward County. This information will remain confidential and be used for the sole purpose of homeowner selection.

## **ARTICLE 3 RESPONSIBILITIES**

3.1 RTBC and KAPPA shall provide the list of all homeowners receiving assistance from the National Rebuilding Day to the designated CITY project liaison.

3.2 RTBC and KAPPA agrees to confirm the selected homeowner applicant's names with the name and property address from the Broward County Property Appraiser's Office or obtain a copy of the warranty deed for the address.

3.3 RTBC and KAPPA agrees to coordinate with the City's Development Services Department for any required permit applications, permits issued and inspections performed.

3.4 RTBC and KAPPA agrees that all work being done and needing permits will be done so by contractors licensed in Broward County or the State of Florida and/or have a valid certificate of competency from a local governmental authority.

3.5 RTBC and KAPPA warrants that all work to be performed by it for the selected homeowners will be completed and performed in a workman like fashion.

#### **ARTICLE 4 TERM OF AGREEMENT**

This Agreement shall commence on the date of execution by the CITY, RTBC and KAPPA and will end upon submission of the second and final payment from CITY to RTBC and KAPPA as provided in Section 2.3 herein, but in no event shall this Agreement extend beyond one (1) year, and CITY shall not be obligated to make any additional payment beyond such time period.

#### **ARTICLE 5 INDEMNIFICATION AND GOVERNMENTAL IMMUNITY**

5.1 RTBC and KAPPA agrees to defend, hold harmless and indemnify CITY, its agents, servants and employees against and from any liability, suits, actions, claims demands, damages, lawsuits, expenses and/or costs, including attorney's fees or costs, to the extent caused by negligence, recklessness or intentionally wrongful misconduct of contractors or persons utilized by contractors in the performance of this Agreement, and from any and all claims against the CITY as a result of the performance of this Agreement.

5.2 CITY is a political subdivision of the State of Florida as defined in Florida Statutes. CITY agrees to be fully responsible for acts and omissions of its agents or employees to the extent permitted by law. Nothing herein is intended to serve as a waiver of sovereign immunity by any party to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency or political subdivision of the State of Florida to be sued by third parties in any matter arising out of this Agreement or any other contract.

#### **ARTICLE 6 INSURANCE**

RTBC and KAPPA will provide CITY with a copy of its Liability Insurance, naming CITY as an additional insured with such limits as required by the CITY, and attached hereto as Exhibit "A" and incorporated herein.

#### **ARTICLE 7 NOTICES**

Any and all notices given or required under this Agreement shall be in writing and may be delivered in person or by United States mail, postage prepaid, first class and certified, return receipt requested, addressed as follows:

**FOR CITY:**

Gregory P. Harrison, City Manager  
City of Pompano Beach  
100 W. Atlantic Blvd., Ste. 430  
Pompano Beach, FL 33060

**With a copy to:**

Mark E. Berman, City Attorney  
City of Pompano Beach  
100 W. Atlantic Blvd., Ste. 467  
Pompano Beach, FL 33060

**FOR REBUILDING TOGETHER:**

Robin S. Martin, Jr., Executive Director  
Rebuilding Together Broward County, Inc.  
4824 NE 12<sup>th</sup> Avenue  
Oakland Park, FL 33334

**FOR KAPPA FOUNDATION:**

Willie J. Brown, President  
1421 NW 3<sup>rd</sup> Way  
Pompano Beach, FL 33066

**ARTICLE 8  
MISCELLANEOUS PROVISIONS**

8.1 ASSIGNMENT: CITY shall perform the selected Services provided for in this Agreement exclusively and solely for RTBC and KAPPA which are a party to this Agreement. Neither party shall have the right to assign this Agreement.

8.2 WAIVER: The waiver by either party of any failure on the part of the other party to perform in accordance with any of the terms or conditions of this Agreement shall not be construed as a waiver of any future or continuing similar or dissimilar failure.

8.3 SEVERABILITY: The invalidity of any provision of this Agreement shall in no way affect the validity of any other provision.

8.4 ENTIRE AGREEMENT: It is understood and agreed that this Agreement incorporates and includes all prior negotiations, agreements or understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

8.5 MODIFICATION: It is further agreed that no modifications, amendments or alterations in the terms or conditions contained herein shall be effective unless contained in a written document executed with the same formality and of equal dignity herewith.

8.6 CHOICE OF LAW; WAIVER OF JURY TRIAL: This contract shall be governed under the laws of the State of Florida. Venue for any litigation arising out of this Agreement and any action involving the enforcement or interpretation of any rights hereunder shall be determined by a court of competent jurisdiction in the Seventeenth Judicial Circuit of Broward County, Florida.

8.7 DRAFTING: This Agreement has been negotiated and drafted by all parties hereto and shall not be more strictly construed against any party because of such party's preparation of this Agreement.

8.8 THIRD PARTIES: The parties expressly acknowledge that it is not their intent to create any rights or obligations to any third person or entity under this Agreement and as such, agree that there are no third party beneficiaries to this Agreement.

## **ARTICLE 9 PUBLIC RECORDS.**

9.1 The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida's Public Records Law, as amended. Specifically, the Contractor shall:

9.1.1 Keep and maintain public records required by the City in order to perform the service.

9.1.2 Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

9.1.3 Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Contractor does not transfer the records to the City.

9.1.4 Upon completion of the contract, transfer, at no cost to the City, all public records in possession of the Contractor, or keep and maintain public records required by the City to perform the service. If the Contractor transfers all public records to the City upon completion of the contract, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of the contract, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records in a format that is compatible with the information technology systems of the City.

9.2 Failure of the Contractor to provide the above described public records to the City within a reasonable time may subject Contractor to penalties under 119.10, Florida Statutes, as amended.

**PUBLIC RECORDS CUSTODIAN**

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:**

**CITY CLERK  
100 W. Atlantic Blvd., Suite 253  
Pompano Beach, Florida 33060  
(954) 786-4611  
[RecordsCustodian@copbfl.com](mailto:RecordsCustodian@copbfl.com)**

**IN WITNESS OF THE FOREGOING**, the parties have set their hands and seals the day and year first above written.

**"CITY":**

Witnesses:

**CITY OF POMPANO BEACH**

\_\_\_\_\_

By: \_\_\_\_\_  
LAMAR FISHER, MAYOR

\_\_\_\_\_

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

Attest:

\_\_\_\_\_  
ASCELETA HAMMOND, CITY CLERK

(SEAL)

Approved As To Form:

\_\_\_\_\_  
MARK E. BERMAN, CITY ATTORNEY

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017 by **LAMAR FISHER** as Mayor, **GREGORY P. HARRISON** as City Manager and **ASCELETA HAMMOND** as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who are personally known to me.

NOTARY'S SEAL:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Name of Acknowledger Typed, Printed or Stamped)

\_\_\_\_\_  
Commission Number

**"RTBC":**

**REBUILDING TOGETHER BROWARD  
COUNTY, INC.,** a Florida Not For Profit Corporation

Witnesses:

Lauren Fenichel  
Lauren Fenichel  
Print Name

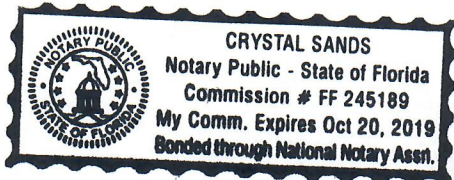
Misty Lupinacci  
Misty Lupinacci  
Print Name

By: [Signature]  
Robin S. Martin, Jr., Executive Director

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instruments were acknowledged before me this 4<sup>th</sup> day of April, 2017 by **ROBIN S. MARTIN, JR.**, as Executive Director of Rebuilding Together Broward County, Inc., a Florida Not For Profit Corporation, who is personally known to me or has produced Driver's licence as identification.  
M035 737770660

NOTARY'S SEAL:



[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA

Crystal Sands  
(Name of Acknowledger Typed, Printed or Stamped)

FF 245189  
Commission Number

"KAPPA":

Witnesses:

**KAPPA FOUNDATION OF POMPANO BEACH,  
INCORPORATED**, a Florida Not For Profit Corp.

Gisele Peterson  
Gisele Peterson  
Print Name

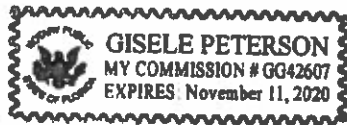
Sherree Sinatra  
Sherree Sinatra  
Print Name

By: Ealie Blaine  
Print Name: Ealie Blaine  
Title: Director

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instruments were acknowledged before me this 4<sup>th</sup> day of April, 2017 by Ealie Blaine as Director of Kappa Foundation of Pompano Beach, Incorporated, a Florida Not For Profit Corporation, who is personally known to me or has produced \_\_\_\_\_ as identification.

NOTARY'S SEAL:



Gisele Peterson  
NOTARY PUBLIC, STATE OF FLORIDA  
Gisele Peterson  
(Name of Acknowledger Typed, Printed or Stamped)

Commission Number \_\_\_\_\_

MEB:jrm  
3/31/17  
I.:agr/budget/2017-527



**EXHIBIT "A"**

(Insurance Requirement)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/5/2017

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 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).

<b>PRODUCER</b> Arthur J. Gallagher & Co. Insurance Brokers of CA. 1255 Battery Street #450 San Francisco CA 94111		<b>CONTACT NAME:</b> Crystal Williams <b>PHONE (A/C, No, Ext):</b> 415-546-9300 <b>E-MAIL ADDRESS:</b> crystal_williams@ajg.com <b>FAX (A/C, No):</b> 415-536-8499	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A:</b> AIG Specialty Insurance Company	26883
<b>INSURED</b> Rebuilding Together, Inc. and Its' Affiliates 1899 L. Street, N.W., Suite 1000 Washington DC 20036		<b>INSURER B:</b> Philadelphia Indemnity Insurance Co	18058
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: 1826161919

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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		PHPK1623763	3/15/2017	3/15/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1623763	3/15/2017	3/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB576028	3/15/2017	3/15/2018	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	<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	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Pollution Liability			CPL17663214	3/15/2017	3/15/2018	Occ / Agg / Ded \$1M / \$1M / \$25k

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

Certificate Holder is included as Additional Insured as required by written contract and per attached CG20260704. Waiver of is included as Additional Insured as required by written contract and per attached CG24040509.  
RE: Rebuilding Together Broward, Inc. | National Rebuilding Day 2017

## CERTIFICATE HOLDER

## CANCELLATION

City of Pompano Beach  
Attn: Christine Kendel  
100 West 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

As required by written contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Person Or Organization:**

As required by written contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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> <b>Holmes Murphy</b> <b>10707 Pacific Street, Ste 200</b> <b>Omaha, NE 68114</b>	<b>CONTACT NAME:</b> <b>Terri Simmerman</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>800.736.4327</b>	<b>FAX (A/C, No):</b> <b>800.328.0522</b>
<b>E-MAIL ADDRESS:</b> <b>tsimmerman@holmesmurphy.com</b>		
<b>INSURED</b> <b>Kappa Alpha Psi Fraternity, Inc.</b> <b>2322-24 North Broad Street</b> <b>Philadelphia, PA 19132</b>	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> <b>Admiral Insurance Company</b>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b> <b>24856</b>		

## COVERAGES

CERTIFICATE NUMBER: 17-18 AISE Cert

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	X		CA000014870-08	04/01/2017	04/01/2018	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>Excluded</b>
	<input checked="" type="checkbox"/> <b>\$10,000 deductible per claim</b>						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

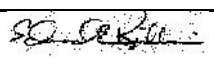
**\$250,000 occurrence/\$500,000 Sublimit for Hazing, Abuse, Molestation Claims**

**The Certificate holder has been named as an additional insured for the above referenced policy.**

**This is for the Pompano Beach Alumni's event April 29, 2017**

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Pompano Beach</b> <b>100 W Atlantic Blvd</b> <b>Pompano Beach, FL 33060</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  <b>Edward (Ned) Kirklin/QUINET</b>