RFOWLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/1/2022

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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PRODUCER Collinsworth, Alter, Fowler & French, LLC	CONTACT NAME: PHONE (A/C, No, Ext): (305) 822-7800 FAX (A/C, No): (305) 362-2443						
Suite 200	E-MAIL ADDRESS:	702 2-1-0					
liami Lakes, FL 33016	INSURER(S) AFFORDING COVERAGE						
	INSURER A: Liberty Mutual Fire Insurance Company						
NSURED	INSURER B : North River Insurance Company	21105					
Verdex Construction, LLC	INSURER C : Hartford Fire Ins Co	19682					
1545 Centrepark Drive	INSURER D : Pacific Insurance LTD	10046					
West Palm Beach, FL 33401	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.

INSR LTR	TYPE OF INSURANCE	ADDL SI	UBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			, , , , , , , , , , , , , , , , , , ,	······	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	Х	TB5Z51294216021	10/31/2021	10/31/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	Х	AS7Z51294216031	10/31/2021	10/31/2022	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)	\$
							\$
В	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
	X EXCESS LIAB CLAIMS-MADE		5821177671	10/31/2021 10/31/	10/31/2022	AGGREGATE	\$ 10,000,000
	DED RETENTION \$						\$
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					X PER OTH-ER	
					10/31/2021 10/31/2022	E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
С	Equipment Floater		21UUMHZ9512K3	10/31/2021		Leased/Rented	250,000
D	Pollution Liability		13CPIBK3914	10/31/2021	10/31/2022	Each/Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Pompano Beach is included as an additional insured with respects to General Liability & Auto Liability when required by written contract.

CERTIFICATE HOLDER CANCELLATION

City of Pompano Beach Attention Risk Manager, P.O. Box 1300 Pompano Beach, FL 33061 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

P. 0-

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
Collinsworth, Alter, Fowler & French, LLC		Verdex Construction, LLC 1545 Centrepark Drive		
POLICY NUMBER		West Palm Beach, FL 33401 Palm Beach		
SEE PAGE 1		Faiiii Beacii		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

2nd Layer Excess Liability \$15,000,000 excess of \$10,000,000 Ohio Casualty Insurance Company Policy #ECO2263792150 10/31/2021 - 10/31/2022