

FIRST AMENDMENT

THIS IS A FIRST AMENDMENT to the Student Ride Share Agreement No. 1464
dated _____, between:

CITY OF POMPANO BEACH, a municipal corporation of the State of Florida, whose address is 100 West Atlantic Boulevard, Pompano Beach, Florida 33060, hereinafter referred to as “CITY”,

and

EMERGENCY EDUCATION INSTITUTE, LLC, a Florida corporation, having its office and place of business at 3111 N University Drive, #300, Coral Springs, Florida 33065, hereinafter referred to as “SCHOOL.”

WHEREAS, the parties entered into Student Ride Share Agreement No. 1464 to provide educational and training opportunities for paramedic and EMT students on September 15, 2022, ("Original Agreement"), and approved by City Resolution No. 2022-213; and

WHEREAS, the CITY and SCHOOL have mutually agreed to extend the Original Agreement for an additional three (3) year period.

WITNESSETH:

IN CONSIDERATION of the mutual terms, conditions, promises, covenants and payments herein set forth CITY and SCHOOL agree as follows:

1. Each “WHEREAS” clause set forth above is true and correct and herein incorporated by this reference.

2. The Original Agreement No. 1464 effective September 15, 2022, approved and adopted by Resolution No. 2022-213, a copy of which is attached hereto and made a part hereof as Exhibit "A," shall remain in full force and effect for the new contract extension term except as specifically amended herein below.

3. The parties hereto agree to extend the Original Agreement No. 1464 for an additional three (3) year period, ending September 14, 2028 under the same terms and conditions.

4. This Agreement shall bind the parties and their respective executors, administrators, successors and assigns and shall be fully effective as though the extension (and amendment) had been originally included in the Agreement.

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

Attest:

CITY OF POMPANO BEACH

KERVIN ALFRED, CITY CLERK

By: _____
REX HARDIN, MAYOR

(SEAL)

By: _____
GREGORY P. HARRISON, CITY MANAGER

APPROVED AS TO FORM:

MARK E. BERMAN, CITY ATTORNEY

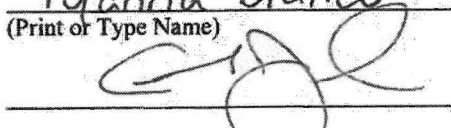
"SCHOOL"

Emergency Education Institute, LLC

Witnesses:



Tyanna Blanco
(Print or Type Name)



Christopher Rodriguez-Jaile
(Print or Type Name)

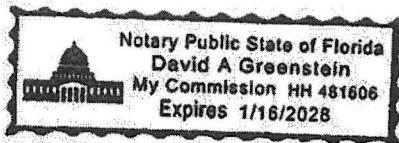
By: 

Michelle Ugalde, Manager

STATE OF FLORIDA
COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of ☒ physical presence
or ☐ online notarization, this 25 day of August, 2025, by Michelle Ugalde
as Manager of Emergency Education Institute, LLC, a Florida corporation on behalf of the
corporation, who is personally known to me or who has produced
_____ as identification.

NOTARY'S SEAL:





NOTARY PUBLIC, STATE OF FLORIDA

(Name of Acknowledger Typed, Printed or Stamped)

Commission Number _____

RESOLUTION NO. 2022- 213**CITY OF POMPANO BEACH
Broward County, Florida**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE A STUDENT RIDE SHARE BETWEEN THE CITY OF POMPANO BEACH AND EMERGENCY EDUCATION INSTITUTE, LLC TO PROVIDE EDUCATIONAL AND TRAINING OPPORTUNITIES FOR PARAMEDIC AND EMT STUDENTS; PROVIDING AN EFFECTIVE DATE.

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA:

SECTION 1. That an Agreement No. 1464 between the City of Pompano Beach and Emergency Education Institute, LLC, to provide educational and training opportunities for paramedic and EMT students, a copy of which Agreement is attached hereto and incorporated by reference as if set forth in full, is hereby approved.

SECTION 2. That the proper City officials are hereby authorized to execute said Agreement between the City of Pompano Beach and Emergency Education Institute, LLC.

SECTION 3. This Resolution shall become effective upon passage.

PASSED AND ADOPTED this 13th day of September, 2022.

DocuSigned by:

Rex Hardin

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REX HARDIN, MAYOR**ATTEST:**

DocuSigned by:

Asceleta Hammond

62AB0835850F4A1...

ASCELETA HAMMOND, CITY CLERK

DocuSigned by:



STUDENT RIDE SHARE AGREEMENT

No. 1464

This Agreement made and entered into on September 15, 2022 by Emergency Education Institute and between City of Pompano Beach hereinafter referred to as “CITY”, and Emergency Education Institute, LLC located at 3111 N. University Drive 300, Coral Springs, FL 33065, a public limited liability company under the laws of the State of Florida, hereinafter referred to as “SCHOOL”.

Whereas the parties hereto desire to enter a contractual arrangement providing for education and training of students in the Paramedic and Emergency Medical Technician (EMT) programs.

NOW THEREFORE, IT IS AGREED BETWEEN THE PARTIES AS FOLLOWS:

1. The School has undertaken to educate and train students in the Paramedic and EMT programs.
2. The programs shall be under the auspice of the School, as defined in Florida State Statute Chapter 401 and Administrative Code 64J-1, Training Program.
3. This agreement shall continue for three (3) year and may be renewed for additional three year terms by the written mutual consent of both parties. This agreement may be terminated by either party with or without cause upon thirty (30) days prior written notice, but such termination shall not be effective as to the then enrolled students who shall have an opportunity to complete their program.

The School Further Agrees To:

1. The School hereby represents that it has complied and shall continue to comply with all applicable Federal and State statutes and local ordinances. Further, the School shall be solely responsible for obtaining and complying with all necessary permits, approvals and authorizations required for the training programs which are the subject of this Agreement from any federal, state, regional, county, or city agency.
2. Ensure that students in the Paramedic and EMT program are subject to and comply with the rules and regulations of the School and receive the training and certification required by Florida State Statute Section 401.2701 and Administrative Code 64J-1, Training Program.
3. Adhere to all policies and procedures established by CITY to include Exposure Control Plan for Blood Borne Pathogens and all related Infectious Control Policies.

4. Consult with the CITY designee selecting Field Internship experiences for the students of the program. However, the School acknowledges and hereby agrees that such clinical experiences shall ultimately be decided by CITY and as the circumstances may permit.

5. Provide a list of students and the dates for which such students are expected to participate in the Field Internship experiences to CITY.

6. The School shall ensure that each student provides at his or her own expense the following:

- a. Uniforms
- b. Laundry service
- c. Transportation
- d. Meals
- e. Physical examination
- f. Required immunizations
- g. Hospital and medical treatment

7. No student shall perform any procedure(s) on a patient unless such student has previously demonstrated sufficient competency at such procedure(s) so as to satisfy any federal, state, regional, county, city and/or educational requirement(s) for the performance of such procedure(s).

8. SCHOOL shall carry accident insurance or evidence of such protection to include professional liability insurance coverage of not less than \$1,000,000.00 per occurrence and \$3,000,000.00 aggregate (including professional liability) for claims, damages, or injuries to persons or property of whatsoever kind of nature arising out of the activities of the participants carried out under this Agreement. Such insurance shall specifically include CITY as an additional insured and shall be provided to the CITY prior to execution of this agreement and throughout its duration.

CITY Further Agrees To:

1. Provide the necessary facilities for clinical experiences for Paramedic and EMT instruction.

2. Cooperate in the assignments of the students at CITY with staff of the School, however; such assignments shall be in accordance with the CITY's established shifts, available qualified supervisory personnel, and station availability.

3. Provide liaison between the CITY administrator and the School EMS Program coordinator.

4. Provide for supervision at all times of students while participating in the clinical setting at CITY.

5. Any student of the SCHOOL that is an employee of the CITY, shall never be considered as an official member of the "crew" while participating as a student of the SCHOOL. CITY will assure that the normal staffing of a rescue unit will be maintained in an addition to the student.

Both Parties Further Agree as Follows:

1. No student shall in connection with this agreement or performance of services hereunder have a right to or claim for any wages, salary, or any other form of compensation, unemployment compensation, civil service or other employee rights, privileges and/or benefits granted by operation of law or otherwise. No student shall be deemed an employee of CITY, for any purpose, during the performance of services hereunder.

2. Neither party to this Agreement nor their respective officers, agents, representatives or employees shall be deemed to have assumed any liability for the negligent or wrongful acts or omissions of the other.

3. SCHOOL, shall indemnify and save harmless and defend CITY, its officials, its agents, servants, and employees from and against any and all claims, liability, losses, and/or causes of action which may arise from any negligent act or omission of the SCHOOL, its students, agents, servants, or employees in the performance of their activities under this Contract. The parties agree that the value of services provided by CITY under this Agreement and the benefits received by SCHOOL under same shall constitute specific consideration by SCHOOL for the indemnification to be provided herein. SCHOOL acknowledges and agrees that neither party would enter into this Agreement without this indemnification of CITY by SCHOOL.

4. Nothing in this Agreement shall constitute a waiver by the City of its sovereign immunity limits as set forth in section 768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

5. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity or by statute or otherwise. No

single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof.

6. This Agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT. If any action, whether in law, equity or otherwise is brought for the interpretation or enforcement of this Agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any provision of this Agreement, the successful or prevailing party or parties shall be entitled to recover reasonable attorney's fees, court costs and all expenses (including taxes) even if not taxable as court costs (including, without limitation, all such fees, costs and expenses incident to appeals), incurred in that action or proceeding, in addition to any other relief to which such party or parties may be entitled.

7. CITY and the SCHOOL agree that this Agreement sets forth the entire agreement between the parties, and that there are no promises or understandings other than those stated herein. None of the provisions, terms and conditions contained in this Agreement may be added to, modified, superseded, or otherwise altered, except by written instrument executed by the parties.

8. Failure of CITY to enforce or exercise any right(s) under this agreement shall not be deemed a waiver of CITY'S right to enforce or exercise said right(s) at any time thereafter.

9. A notice, demand, or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representatives named below or is addressed and delivered to such other authorized representative at the address as that party, from time to time may designate in writing and forward to the other as provided herein.

If to SCHOOL: Emergency Education Institute, LLC
3111 N. University Dr. Suite 300
Coral Springs, FL 33065

If to City: City Manager
100 West Atlantic Blvd
Pompano Beach, FL 33060

10. Public Records.

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

- I. Keep and maintain public records required by the City in order to perform the service.
- II. 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.
- III. 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 SCHOOL does not transfer the records to the City.
- IV. Upon completion of the contract, transfer, at no cost to the City, all public records in possession of the SCHOOL, or keep and maintain public records required by the City to perform the service. If the SCHOOL transfers all public records to the City upon completion of the contract, the SCHOOL shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the SCHOOL keeps and maintains public records upon completion of the contract, the SCHOOL 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.

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

PUBLIC RECORDS CUSTODIAN

IF THE SCHOOL HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE SCHOOL'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**

11. This agreement shall not be construed more strongly against either party regardless of who was more responsible for its preparation.

12. The benefits and obligations imposed pursuant to this Agreement shall be binding and enforceable by and against the parties hereto.

13. By entering into this Contract, the SCHOOL becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the SCHOOL, the SCHOOL may not be awarded a public contract for a period of 1 year after the date of termination.

14. This Agreement is not assignable and SCHOOL agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by SCHOOL to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Agreement whereby City shall be released of any of its obligations hereunder. In addition, this Agreement and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of SCHOOL's insolvency or bankruptcy, City may, at its option, terminate and cancel this Agreement without any notice of any kind whatsoever, in which event all rights of SCHOOL hereunder shall immediately cease and terminate.

15. Neither party shall be obligated to perform any duty, requirement or obligation under this Agreement if such performance is prevented, delayed or stopped by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of God, or act or order of a governmental instrumentality, failure of technical facilities, interruption or delay of transportation service, epidemic, pandemic, or public health emergencies (including any resurgence or re-occurrence) or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of force Majeure.

If either party is unable to perform or is prevented, delayed or stopped in performing any obligations under this Agreement because of any event of force majeure including an event that prevents the use or ability to use the Property for its intended purpose to the benefit of the public , such inability to perform or delay shall be excused and any associated charges or payment suspended until such time as the event of force majeure ends or as long as may be reasonably necessary for either party to correct the adverse effect of such event of force majeure, to the extent and in the form as mutually agreed by the Parties.

In order to be entitled to the benefit of this Paragraph, a party claiming an event of Force Majeure shall be required to give prompt written notice to the other party after commencement or discovery of the event of force majeure, specifying in detail the event of force majeure, the estimated length of the event of force majeure, diligently proceed to correct the adverse effect of any force majeure, where possible, and, upon request from the non-claiming party, provide an update until the event of force majeure ends. The parties agree that, as to this Paragraph, time is of the essence.

16. If any section, paragraph, sentence, clause, or provision hereof is held invalid by a court of competent jurisdiction, such holding shall not affect the remaining portions of this Agreement and the same shall remain in full force and effect.

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IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

Attest:


CITY OF POMPANO BEACH

DocuSigned by:


62AB0835850F4A1...
ASCELETA HAMMOND, CITY CLERK

DocuSigned by:

502CB780EB3F480...
By: _____
REX HARDIN, MAYOR



DocuSigned by:

7052A67F15A44C8...
By: _____
GREGORY P. HARRISON, CITY MANAGER

APPROVED AS TO FORM:

DocuSigned by:

B4DD5E1CDA804A1...
MARK E. BERMAN, CITY ATTORNEY

"SCHOOL"

Witnesses:

[Signature]
 Print Name: Fernando Baez

[Signature]
 Print Name: Vanessa Binetti

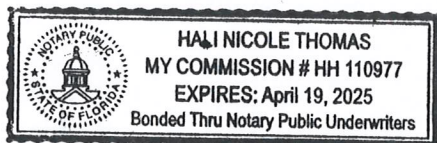
Emergency Education Institute, LLC

By: [Signature]
 Michele Ugalde, Manager and President

STATE OF FLORIDA
 COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 20th day of May, 2022, by Michelle Ugalde as the Manager and President of Emergency Education Institute, LLC, a Florida limited liability company on behalf of the company. She is personally known to me or who has produced Driver's License (type of identification) as identification.

NOTARY'S SEAL:



[Signature]
 NOTARY PUBLIC, STATE OF FLORIDA

Hali Thomas
 (Name of Acknowledger Typed, Printed or Stamped)

HH 110977
 Commission Number

HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP**Certificate of Insurance**
OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 8/24/2022

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	POLICY PERIOD
018098	970	HPG	0644654668	From: 01/14/22 to 01/14/23 at 12:01 AM Standard Time
Named Insured and Address:				Program Administered by:
Emergency Education Institute LLC 3111 N University Dr Ste 300 Coral Springs, FL 33065-5058				Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-986-4627 www.hpso.com
Medical Specialty:				Insurance Provided by:
School Blanket - Healthcare Provider Students 80998				American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

Professional Liability	\$ 1,000,000	each claim	\$ 5,000,000	aggregate
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Your professional liability limits shown above include the following:

* Personal Injury Liability

Coverage Extensions

Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 1,000	per deposition	\$ 5,000	aggregate
Assault	\$ 1,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid	\$ 500	per incident	\$ 25,000	aggregate
Damage to Property of Others	\$ 250	per incident	\$ 10,000	aggregate

Total \$ 789.00

Base Premium \$789.00

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)**Chairman of the Board****Secretary**

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:**Endorsement Date:**

Master Policy: 188711433

CNA93692 (11-2018)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/26/2022

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).

PRODUCER Affinity Insurance Services, Inc. 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278	CONTACT NAME: Lynette Smith	
	PHONE (A/C, No, Ext): 1-888-288-3534	FAX (A/C, No):
E-MAIL ADDRESS: customer.service@hpsocover.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: American Casualty Company of Reading, PA		20427
INSURED Emergency Education Institute 3111 N University Dr Ste 300 Coral Springs, FL, 33065	INSURER B:	
	INSURER C:	
	INSURER D:	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Professional Liability			0644654668	01/14/2022	01/14/2023	Liability (Each claim): \$1,000,000 Liability (Aggregate): \$5,000,000

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

APPROVED

By Danielle Thorpe at 12:01 pm, Aug 31, 2022

CERTIFICATE HOLDER

CANCELLATION

Pompano Fire Department
 100 W 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

Affinity Insurance Services, Inc.