$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/2019

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).

certificate ficialism fied of sacifications emicrosconicing(s).					
PRODUCER	CONTACT NAME:				
ZERVOS GROUP INC	PHONE (A/C, No, Ext): 248 355-4411 FAX (A/C	No): 248 355-2175			
24724 Farmbrook	E-MAIL ADDRESS:				
P O Box 2067	INSURER(S) AFFORDING COVERAGE	NAIC#			
Southfield, MI 48037-2067	INSURER A: Valley Forge Insurance Company	20508			
DBF CONSTRUCTION LLC 1850 NW 15th Ave. Suite 225	INSURER B : Continental Insurance Company	35289			
	INSURER C: National Fire Insurance Co. Hartford	20478			
	INSURER D:				
	INSURER E:				
Pompano Beach, FL 33069	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 TYPE OF INDUITABLE ADDLISUBR POLICY EXP LIMITS						
INSR LTR	TYPE OF INSURANCE	INSR WVE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY	X X	6078749646	08/10/2019	08/10/2020		\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	X Contractual					MED EXP (Any one person)	\$15,000
	X X, C & U					PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	X OTHER:						\$
Α	AUTOMOBILE LIABILITY	X X	6078749663	08/10/2019	08/10/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR	X X	6078749680	08/10/2019	08/10/2020	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000
	DED X RETENTION \$0						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A X	6078749677	08/10/2019	08/10/2020	X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	Leased or Rented		6078749646	08/10/2019	08/10/2020	\$100,000 Limit	
	Equipment					\$1,000 Deductible	
	Scheduled Equip.					See Below	

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

Job Description: Esquire Lakes Stormwater Improvements consisting of construction of the stormwater management system

APPROVED

By Jamuti Smith at 5:04 pm, Aug 08, 2019

CERTIFICATE HOLDER	CANCELLATION			
City of Pompano Beach Purchasing Division-Risk Manager 1190 N.E. 3rd Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Building C	AUTHORIZED REPRESENTATIVE			
Pompano Beach, FL 33060	and been			

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