



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2025

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		CONTACT NAME: Alicia Rodriguez
Doeren Mayhew Insurance Group 3155 West Big Beaver Rd. Suite 250 Troy MI 48084		PHONE (A/C, No, Ext): (248) 290-0650 FAX (A/C, No): (248) 290-0654
		E-MAIL ADDRESS: certificates@doereninsurance.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Indian Harbor Insurance Company NAIC #
INSURED		INSURER B: Progressive Ins Co
Royal Auction Group, Inc. RAG of Ft Worth LLC 4406 W Linebaugh Ave Tampa FL 33624		INSURER C: AXIS Surplus Insurance
		INSURER D: ICW Group Insurance Companies
		INSURER E: Prime Insurance Co
		INSURER F: Century Surety Company

COVERAGES CERTIFICATE NUMBER: CL2591814590 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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	ESG0070187	09/20/2025	09/20/2026	EACH OCCURRENCE	\$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 100,000		
	MED EXP (Any one person)					\$ Excluded		
	PERSONAL & ADV INJURY					\$ 1,000,000		
	GENERAL AGGREGATE					\$ 2,000,000		
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	863271236	09/20/2025	09/20/2026	PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	COMBINED SINGLE LIMIT (Ea accident)					\$ 1,000,000		
	BODILY INJURY (Per person)					\$		
	BODILY INJURY (Per accident)					\$		
	PROPERTY DAMAGE (Per accident)					\$		
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	SXS0070189	09/20/2025	09/20/2026	EACH OCCURRENCE	\$ 2,000,000	
	AGGREGATE					\$ 2,000,000		
						\$		
						\$		
						\$		
D	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N / A	WMI 5086429 00	09/20/2025	09/20/2026	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER		
	E.L. EACH ACCIDENT					\$ 1,000,000		
	E.L. DISEASE - EA EMPLOYEE					\$ 1,000,000		
	E.L. DISEASE - POLICY LIMIT					\$ 1,000,000		
						\$		
E/F	Garage Liability / Garagekeepers Dealers - Open Lot		SC25093004 / CCP1346204	09/20/2025	09/20/2026	Garage Liability	1,000,000	
						Garagekeepers	1,000,000	
						Dealers Open Lot	1,000,000	

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

The City of Pompano Beach is listed as additional insured.

APPROVED

By Brittney Dixon at 8:45 am, Dec 11, 2025

CERTIFICATE HOLDER

CANCELLATION

The City of Pompano Beach 100 West Atlantic Boulevard Pompano Beach	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	
		

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Additional Named Insureds

Other Named Insureds

13701 Tamiami Trail LLC	Additional Named Insured
14400 Route 42 LLC	Additional Named Insured
4700 N US Hwy 441, LLC	Additional Named Insured
Down Range Trucking, LLC	Additional Named Insured
RAG of Abilene LLC	Additional Named Insured