



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2024

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**  
MARSH USA, LLC  
TWO ALLIANCE CENTER  
3560 LENOX ROAD, SUITE 2400  
ATLANTA, GA 30326

**CONTACT NAME:****PHONE**

(A/C, No, Ext):

**FAX**

(A/C, No):

**E-MAIL****ADDRESS:****INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A :** The Charter Oak Fire Insurance Co.

25615

**INSURER B :** Phoenix Insurance Company

25623

**INSURER C :** Travelers Property Casualty Company Of America

25674

**INSURER D :** Travelers Casualty And Surety Company

19038

**INSURER E :** AIG Specialty Insurance Company

26883

**INSURER F :**

**INSURED**  
CentralSquare Technologies, LLC  
1000 Business Center Drive  
Lake Mary, FL 32746

**COVERAGES****CERTIFICATE NUMBER:**

ATL-005941655-00

**REVISION NUMBER:** 0

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		H-660-6S758660-COF-24	08/31/2024	08/31/2025	EACH OCCURRENCE \$ 1,000,000 ✓ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 ✓ MED EXP (Any one person) \$ 10,000 ✓ PERSONAL & ADV INJURY \$ 1,000,000 ✓ GENERAL AGGREGATE \$ 2,000,000 ✓ PRODUCTS - COMP/OP AGG \$ 2,000,000 ✓ OTHER: \$
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
B	<b>AUTOMOBILE LIABILITY</b>		BA-6S783539-24-I3-G	08/31/2024	08/31/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 ✓ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	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					
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR		CUP-6S801390-24-I3	08/31/2024	08/31/2025	EACH OCCURRENCE \$ 10,000,000 ✓ EXCESS LIAB CLAIMS-MADE \$ 10,000,000 ✓ DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		UB-6S783668-24-I3-G	08/31/2024	08/31/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER ✓ E.L. EACH ACCIDENT \$ 1,000,000 ✓ E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 ✓ E.L. DISEASE - POLICY LIMIT \$ 1,000,000 ✓
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input checked="" type="checkbox"/> N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below					
E	<b>E&amp;O/Cyber</b>		01-492-21-01	08/31/2024	08/31/2025	Limit 5,000,000 ✓ SIR 1,000,000 ✓

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

The Certificate Holder, its officers, officials and employees are included as additional insureds with respect to liability arising out of the operations and to the extent provided by the policy language or endorsements issued or approved by the insurance carrier.

**APPROVED**

By David Daley at 3:10 pm, Dec 05, 2024

**CERTIFICATE HOLDER****CANCELLATION**

City of Pompano Beach  
100 West Atlantic Boulevard  
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  
of Marsh USA LLC

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AGENCY CUSTOMER ID: CN130114897

LOC #: Atlanta



## ADDITIONAL REMARKS SCHEDULE

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<b>AGENCY</b> MARSH USA, LLC.		<b>NAMED INSURED</b> CentralSquare Technologies, LLC 1000 Business Center Drive Lake Mary, FL 32746
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess E&O/Cyber:

Carrier: Indian Harbor Insurance Company

Policy Number: MTE9043949 03

Effective Date: 08/31/2024

Expiration Date: 08/31/2025

Limit: \$5M x \$5M