



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2026

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 Blackadar Insurance Agency, Inc. 1436 N Ronald Reagan Blvd Longwood FL 32750	CONTACT NAME: Denise Carberry PHONE (A/C, No, Ext): 407-831-3832 E-MAIL ADDRESS: denise@blackadar.com	FAX (A/C, No): 407-830-4681													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Indian Harbor Insurance Co</td> <td>36940</td> </tr> <tr> <td>INSURER B : NATIONWIDE GENERAL INS CO</td> <td>23760</td> </tr> <tr> <td>INSURER C : Nationwide Insurance Company Of Florida</td> <td>10948</td> </tr> <tr> <td>INSURER D : Nationwide Mutual Insurance Co</td> <td>23787</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Indian Harbor Insurance Co	36940	INSURER B : NATIONWIDE GENERAL INS CO	23760	INSURER C : Nationwide Insurance Company Of Florida	10948	INSURER D : Nationwide Mutual Insurance Co	23787	INSURER E :		INSURER F :
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INSURED ALLWEBB-01
 All Webbs Enterprises Inc
 David W. Webb Sr. & Deborah C. Webb
 309 Commerce Way
 Jupiter FL 33458

COVERAGES **CERTIFICATE NUMBER:** 747263388 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y Y	ACP3069536665	11/2/2025	11/2/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 S
<div style="border: 2px solid green; padding: 5px; display: inline-block;"> APPROVED <i>David Daley</i> By David Daley at 6:35 pm, Apr 29, 2026 </div>						
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>	Y Y	ACP3069536665	11/2/2025	11/2/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE	Y Y	ACP3069536665	11/2/2025	11/2/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 S
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Contractors Pollution	Y Y	PEC005301807	11/2/2025	11/2/2026	\$2M/\$3M per clam \$2,000,000 Aggreg
A	Professional Liability	Y Y	PEC005301807	11/2/2025	11/2/2026	\$2M/\$3M per clam \$3,000,000 Aggreg
D	Installation Floater	Y Y	ACP3069536665	11/2/2025	11/2/2026	Limit \$1,241,587.50

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Equipment Floater - Policy #ACP3069536665 11/2/2025 TO 11/2/2026: Rented/Leased Equip. \$750,000

General Liability: Blanket Additional Insured including completed operations, Primary & Non-Contributory, Blanket Waiver of Subrogation when required by written contract. Business Auto: Primary & Non-Contributory, Blanket Additional Insured and Blanket Waiver of Subrogation when required by written contract. Pollution Liability: Blanket Additional Insured and Blanket Waiver of Subrogation when required by written contract. Umbrella follow General Liability. Auto Liability & Workers Compensation forms.

City of Pompano Beach is included as Additional Insured with respect to the General Liability & Auto Liability when required by written contract. Coverage is See Attached...

CERTIFICATE HOLDER**CANCELLATION**

City of Pompano Beach
 Attention: Risk Manager
 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

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