



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
 12/1/2021 9/1/2021

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).

| <b>PRODUCER</b><br>Lockton Insurance Brokers, LLC<br>777 S. Figueroa Street, 52nd Fl.<br>CA License #0F15767<br>Los Angeles CA 90017<br>(213) 689-0065 | <b>CONTACT NAME:</b><br>_____<br><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> _____   |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |
|--|---|-------------------------------|--------|---|-------|---|-------|--|-------|--------------------------------------|-------|------------|--|------------|
|  | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Valley Forge Insurance Company</td> <td>20508</td> </tr> <tr> <td>INSURER B: American Casualty Company of Reading, PA</td> <td>20427</td> </tr> <tr> <td>INSURER C: The Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER D: Columbia Casualty Company</td> <td>31127</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: Valley Forge Insurance Company | 20508 | INSURER B: American Casualty Company of Reading, PA | 20427 | INSURER C: The Continental Insurance Company | 35289 | INSURER D: Columbia Casualty Company | 31127 | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |
| INSURER A: Valley Forge Insurance Company  | 20508   |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |
| INSURER B: American Casualty Company of Reading, PA  | 20427   |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |
| INSURER C: The Continental Insurance Company   | 35289   |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |
| INSURER D: Columbia Casualty Company   | 31127   |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |
| INSURER E:   |   |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |
| INSURER F:   |   |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |
| <b>INSURED</b><br>1456427 MCCi, LLC<br>dba JustFOIA, Inc.<br>3717 Apalachee Parkway<br>Tallahassee FL 32311  |   |                               |        |   |       |   |       |  |       |                                      |       |            |  |            |

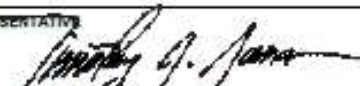
COVERAGES MCCIL01 CERTIFICATE NUMBER: 17804140 REVISION NUMBER: XXXXXXXX

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   | ADDD INSD | SUBR WVD | POLICY NUMBER                       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|-------------------------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ | Y         | N        | 6072067360                          | 12/1/2020               | 12/1/2021               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPIOP AGG \$ 2,000,000 |
| B        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> Comp. Ded. \$100  | N         | N        | 6072067343                          | 12/1/2020               | 12/1/2021               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX<br>Coll. Ded. \$ 1,000                                 |
| C        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> COV <input checked="" type="checkbox"/> RETENTION \$ 10,000  | N         | N        | 6072067357                          | 12/1/2020               | 12/1/2021               | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 6072067326 (AOS)<br>6079501170 (CA) | 12/1/2020<br>12/1/2020  | 12/1/2021<br>12/1/2021  | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                   |
| D        | Tech Ed/Cyber Liability   | N         | N        | 652062339                           | 12/1/2020               | 12/1/2021               | Limit: \$5,000,000<br>SIR: \$25,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate Holder is an Additional Insured to the extent provided by the policy language or endorsement issued or approved by the insurance carrier.

**APPROVED**  
*Danielle Thorpe*  
 By Danielle Thorpe at 7:45 pm, Sep 03, 2021

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| <b>CERTIFICATE HOLDER</b><br>17804140<br>City of Pompano Beach<br>100 West Atlantic Blvd.<br>Pompano Beach FL 33060 | <b>CANCELLATION</b> See Attachments<br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|