

# Exhibit C - Insurance



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/13/2025

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 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  
Keyes Coverage Insurance  
5900 Hiatus Road  
Tamarac FL 33321

INSURED  
The Fruitful Field Inc  
Jaime Castoro  
100 NE 44th St  
Pompano Beach FL 33064

License#: L068109  
29236

CONTACT  
NAME: Teanna LaCoste  
PHONE (A/C, No. Ext): 954-724-7000  
E-MAIL ADDRESS: Tlacoste@keyescoverage.com  
FAX (A/C, No): 954-724-7024

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Burlington Ins. Co.	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

### COVERS

CERTIFICATE NUMBER: 827179668

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	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	627B012332	2/10/2025	2/10/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:						OMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	UMBRELLA LIAB  EXCESS LIAB							
	OCCUR  CLAIMS-MADE							
	DED RETENTION S							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N	N / A			PER STATUTE	OTH- ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

**APPROVED**

*Brittney Dixon*  
By Brittney Dixon at 7:47 am, Mar 05, 2025

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

The City of Pompano Beach is included as additional insured as respects General Liability coverages when required by written contract.

### CERTIFICATE HOLDER

CANCELLATION 30 Days & 10 for Non Payment

The City of Pompano Beach  
100 W Atlantic BLVD Suite 276  
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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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

#### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>	<b>Location(s) Of Covered Operations</b>
The City of Pompano Beach The City of Pompano Beach CRA 100 W. Atlantic Blvd. Ate 276 Pompano Beach FL 33060	100 NE 44th St. Pompano, F 33064 1089 NW 6th Ave. Pompano, F 33060

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:**

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance; whichever is less.

This endorsement shall not increase the applicable limits of insurance.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/22/2025

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 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	BIBERK PO Box 3300 Wilkes-Barre PA 18773	CONTACT NAME:	
		PHONE (A/C. No. Ext): 844-472-0967	FAX (A/C. No): 203-654-3613
		E-MAIL ADDRESS: CustomerService@biBERK.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Berkshire Hathaway Direct Insurance Company	10391
INSURED		INSURER B:	
The Fruitful Field 100 NE 44th St Deerfield Beach FL 33064		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

## COVERAGEs

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	COMMERCIAL GENERAL LIABILITY			0060474-01-CA	04/01/2025	04/01/2026	EACH OCCURRENCE	\$					
	CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)						
							MED EXP (Any one person)	\$					
							PERSONAL & ADV INJURY	\$					
							GENERAL AGGREGATE	\$					
							PRODUCTS – COMP/OP AGG	\$					
								\$					
								\$					
							GEN'L AGGREGATE LIMIT APPLIES PER:						
							POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						
	OTHER:												
	AUTOMOBILE AUTHORITY						COMBINED SINGLE LIMIT (Ea accident)	\$500,000.00					
	ANY AUTO						BODILY INJURY (Per Person)	\$N/A					
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$N/A					
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$N/A					
	UMBRELLA LIAB						EACH OCCURRENCE	\$					
	EXCESS LAB						AGGREGATE	\$					
	DED <input type="checkbox"/> RETENTION S							\$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							N / A				PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?											Y / N	E. L. EACH ACCIDENT
(Mandatory in NH)												E. L. DISEASE – EA EMPLOYEE	\$
If yes, describe under		E. L. DISEASE – POLICY LIMIT	\$										
DESCRIPTION OF OPERATIONS below													

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

**APPROVED**

By Brittney Dixon at 2:29 pm, Nov 03, 2025

## CERTIFICATE HOLDER

## CANCELLATION

City of Pompano Beach 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

*Pete Kelly*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/04/2025

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PRODUCER  
Shield Strategic Insurance, LLC  
2000 Banks Road, Suite 213 B  
Margate, FL 33063  
License #: L105298

CONTACT  
NAME: Pamela Greene  
PHONE (A/C, No. Ext): (954)608-5804 FAX (A/C, No): (877)288-0388  
E-MAIL: pgreen@ssistrategic.com  
ADDRESS: pgreen@ssistrategic.com  
INSURER(S) AFFORDING COVERAGE  
NAIC #

INSURED  
The Fruitful Field, Inc.  
100 NE 44th Street  
Pompano Beach, FL 33064

INSURER A: National Liability & Fire Insurance Company  
INSURER B: **APPROVED** Brittney Dixon  
INSURER C: By Brittney Dixon at 7:49 am, Mar 05, 2025  
INSURER D: *Brittney Dixon*  
INSURER E: *Brittney Dixon*  
INSURER F: *Brittney Dixon*

## COVERAGES

CERTIFICATE NUMBER: 00000422-87526

REVISION NUMBER: 6

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
	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE	OCCUR				
	GEN'L AGGREGATE LIMIT APPLIES PER					
	POLICY	PRO- JECT	LOC			
	OTHER					
	AUTOMOBILE LIABILITY					
	ANY AUTO					
	OWNED AUTOS ONLY	SCHEDULED AUTOS				
	Hired AUTOS ONLY	NON-OWNED AUTOS				
	OTHER AUTOS ONLY	AUTOS ONLY				
	UMBRELLA LIAB	OCCUR				
	EXCESS LIAB	CLAIMS-MADE				
	DED RETENTION S					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N9WC941494	02/27/2025	02/27/2026	X PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input checked="" type="checkbox"/> Y	N/A			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

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Pompano Beach  
100 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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