

7/4/2021

6/26/2020

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	Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADRESS:					
	(0.0) 000 0000	INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Zurich American Insurance Company	16535				
INSURED	CAROLLO ENGINEERS, INC.	INSURER B: Travelers Property Casualty Co of America	25674				
1472606	2795 MITCHELL DR.	INSURER C: American Guarantee and Liab. Ins. Co.	26247				
	WALNUT CREEK CA 94598-1601	INSURER D: Continental Casualty Company	20443				
		INSURER E :					
		INSURER F:					

COVERAGES

CERTIFICATE NUMBER: 16520932

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.

	XCLUSIONS AND CONDITIONS OF SUCH						
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	X COMMERCIAL GENERAL LIABILITY	Y	N	GLO 9730569	7/4/2020	7/4/2021	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE X OCCUR	1	11				DAMAGE TO RENTED \$ 1,000,000
							MED EXP (Any one person) \$ 25,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
1	POLICY X PRO-						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
C	AUTOMOBILE LIABILITY	Y	N	BAP 9730571	7/4/2020	7/4/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
1	X ANY AUTO						BODILY INJURY (Per person) \$ XXXXXXX
1	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$ XXXXXXX
1	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$ XXXXXXX
							DED: COMP/COLL \$ 1,000
В	X UMBRELLA LIAB X OCCUR	N	Ν	ZUP-81N3080A-20-NF	7/4/2020	7/4/2021	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 2,000,000
	DED RETENTION \$						\$ XXXXXXX
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		N	WC 9730570	7/4/2020	7/4/2021	X PER OTH-
	ANY DECORPIETOR DARKET PER EVECUTIVE	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						EL DISEASE POLICY LIMIT \$ 1,000,000
D	PROFESSIONAL LIABILITY UNLIMITED PRIOR ACTS	N	N	AEH 288354410	7/4/2020	7/4/2021	EACH CLAIM: \$2,000,000; AGGREGATE: \$2,000,000
1	i .						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROJECTS AS ON FILE WITH THE INSURED INCLUDING BUT NOT LIMITED TO: TRANSFER PUMP STATION IMPROVEMENTS CONSTRUCTION ADMINISTRATION SERVICES, WAN 19, RLI-L-40-15. CAROLLO PROJECT #: NOT YET ASSIGNED. CITY OF POMPANO
BEACHIS AN ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY AND AUTO LIABILITY, AS REQUIRED BY WRITTEN CONTRACT.

APPROVED

By Danielle Thorpe at 10:01 pm, Jul 07, 2020

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
16520932 CITY OF POMPANO BEACH, WTP	AUTHORIZED REPRESENTATIVE
1205 NE 5TH AVENUE POMPANO BEACH FL 33060	Lan as Amello

ACORD 25 (2016/03)

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Client#: 1048604 **ECKLEENG**

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2020

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.

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PRODUCER	CONTACT NAME:						
USI Insurance Services, LLC		813 321-7525					
2502 N Rocky Point Drive	E-MAIL ADDRESS:						
Suite 400	INSURER(S) AFFORDING COVERAGE	NAIC #					
Tampa, FL 33607	INSURER A: Old Dominion Insurance Co	40231					
INSURED	INSURER B: Travelers Casualty and Surety Company	19038					
Eckler Engineering, Inc.	INSURER C : XL Specialty Insurance Company	37885					
4700 Riverside Dr.	INSURER D:						
Suite 110	INSURER E:						
Coral Springs, FL 33067	INSURER F:						

COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:

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INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY	INOIN	****	BPG1074A	1	11/27/2021	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
								MED EXP (Any one person)	\$10,000
			Λ	DD	ROVED			PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:	Л	FF	NOVLD	1941)		GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- LOC	By	Da	nielle Thorpe at 4:58 p	m, Nov 3	30, 2020	PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	TOMOBILE LIABILITY			BPG1074A	11/27/2020	11/27/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	X	UMBRELLA LIAB X OCCUR			CUG1074A	11/27/2020	11/27/2021	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
		DED RETENTION \$							\$
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY			UB4K822131	05/01/2020	05/01/2021	X PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Pro	ofessional			DPR9954082	01/01/2020	01/01/2021	\$2,000,000 per claim	1
	Lia	bility						\$2,000,000 annl agg	r.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Professional Liability coverage is written on a claims-made basis.

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to City of Pompano Beach, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured. The General Liability policy (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
City of Pompano Beach 1190 NE 3rd Avenue 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
	des madra se

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CBECKFORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/14/2020

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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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PRODUCER Corporate Insurance Advisors, LLC	CONTACT NAME: PHONE (A/C, No, Ext): (954) 315-5000 FAX (A/C, No): (954)	315-5050					
401 E. Broward Blvd. Suite 103 ort Lauderdale, FL 33301	E-MAIL ADDRESS: service@ciafl.net						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: Crum & Forster Specialty Ins.						
NSURED	INSURER B : Charter Oak Fire Insurance Company	25615					
McCafferty Brinson Consulting, LLC	INSURER C: Transportation Insurance Co	20494					
633 S. Andrews Ave. Suite 402	INSURER D:						
Fort Lauderdale, FL 33301	INSURER E :						
	INSURER F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR	TYPE OF INSURANCE	ADDL SU	UBR	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	X COMMERCIAL GENERAL LIABILITY	III III		(MINUSSITITI)	(MINIS D) 1 1 1 1 1	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X	EPK130722	4/11/2020	4/11/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	χ See Add'l Coverages					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 1,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO	X	BA-8810X181-20-SEL	4/11/2020	4/11/2021	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 2,000,000
	X EXCESS LIAB CLAIMS-MADE		EFX115064	4/11/2020	4/11/2021	AGGREGATE	\$ 2,000,000
	DED X RETENTION\$ 10,000						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WC431076569	10/30/2019	10/30/2020	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Errors & Omissions		EPK130722	4/11/2020	4/11/2021	Each Claim	1,000,000
Α	Errors & Omissions		EPK130722	4/11/2020	4/11/2021	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (Incidental Contractors Pollution Liab. (ICPL)-Occurrence. ENV01 200 (04/07) Contractor's Pollution Liab. Endt. ENV01300 (08/10) Cov. D- Environmental Consultants Prof. Liab. RE: RLI#H-49-10 \$2,500 per Occ. Deductible Continuing Contract for Civil Engineering Services for Various City Projects. City of Pompano Beach is included as additional insured with respect to General Liability and Auto Liability as required by written contract.;

APPROVED

By Danielle Thorpe at 8:10 am, Apr 15, 2020

CERTIFICATE HOLDER

City of Pompano Beach Post Office Drawer 1300 Pompano Beach, FL 33061

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

CANCELLATION



DATE (MM/DD/YYYY) 10/28/2020

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this certificate does not comer rights to the certific	ate noider in lieu of Such	i endorsement(s).	
PRODUCER		CONTACT NAME:	
Brown & Brown of Florida, Inc.		PHONE (954) 776-2222 FAX (A/C, No, Ext):	No): (954) 776-4446
1201 W Cypress Creek Rd		E-MAIL ADDRESS: certs@bbftlaud.com	
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL 33309	INSURER A: Amerisure Mutual Insurance Company	23396
INSURED		INSURER B: Amerisure Insurance Company	19488
Globaltech, Inc.		INSURER C: The North River Insurance Company	21105
6001 Broken Sound Pkwy NW #610		INSURER D: Indian Harbor Insurance Company	
		INSURER E :	
Boca Raton	FL 33487	INSURER F:	
001/504.050			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 5,000
Α				CPP20796571002	11/01/2020	11/01/2021		\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Employee Benefits	\$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
В	OWNED SCHEDULED AUTOS AUTOS		CA20796540901	11/01/2020	11/01/2021	BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							PIP	\$ 10,000
	✓ UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 2,000,000
С	EXCESS LIAB CLAIMS-MADE			5821149987	11/01/2020	11/01/2021	AGGREGATE	\$ 4,000,000
	DED RETENTION \$ 0							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC207965509	11/01/2020	11/01/2021	E.L. EACH ACCIDENT	\$ 1,000,000
1	(Mandatory in NH)	"		11020100000	11/01/2020	11/01/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Professional Liability & Pollution Liability			PEC004442306	11/01/2020	11/01/2021	Limit Deductible	\$3,000,000 \$50,000
<u> </u>							Doddolible	ψου,ουο

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

The City of Pompano Beach are listed as an Additional Insured with respect of the General Liability if required by written contract. 30 days notice of cancellation except 10 days for non-payment of premium.

APPROVED

By Danielle Thorpe at 4:59 pm, Nov 30, 2020

CERTIFICATI	E NULDEK		CANCELLATION
	City of Pompano Beach 100 W. Atlantic Blvd., Ste 219		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	100 W. Atlantic Biva., Ste 219		AUTHORIZED REPRESENTATIVE
1	Pompano Beach	FL 33060	977 ij Com

OFFICIOATE HOLDER



DATE(MM/DD/YYYY) 09/24/2020

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.

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certificate does not comer rights	to the certificate florder in fled of such t	iluoi sellieli	i(3).		
PRODUCER		CONTACT NAME:			
Aon Risk Insurance Services We Los Angeles CA Office		PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 363	-0105
707 Wilshire Boulevard Suite 2600		E-MAIL ADDRESS:			
Los Angeles CA 90017-0460 USA			INSURER(S) AFFORDING	COVERAGE	NAIC#
INSURED		INSURER A:	Lexington Insurance	Company	19437
Tetra Tech, Inc.	Ī	INSURER B:	Zurich American Ins	Co	16535
201 East Pine Street Suite 1000		INSURER C:	American Internation	nal Group UK Ltd	AA1120187
Orlando FL 32801 USA		INSURER D:			
		INSURER E:			
		INSURER F:			
001/504050	CERTIFICATE NUMBER 5700040504	10	DE1/461	NI NUMBER	

COVERAGES CERTIFICATE NUMBER: 570084052412 REVISION NUMBER:

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	-	1310113 AND CONDITIONS OF SUCH	-	-			_	Limits sho	wn are as requested
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		LIMITS	
В	Χ	COMMERCIAL GENERAL LIABILITY			GL0181740602	10/01/2020	10/01/2021	EACH OCCURRENCE	\$2,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	Х	X,C,U Coverage	_		\sim \wedge			MED EXP (Any one person)	\$10,000
				ΛD	PROVED			PERSONAL & ADV INJURY	\$2,000,000
	GEI	N'L AGGREGATE LIMIT APP <u>LIES</u> PER:			PROVED			GENERAL AGGREGATE	\$4,000,000
		POLICY X PRO- JECT X LOC	E	By D	anielle Thorpe at 9:35 p	m, Oct 05	5, 2020	PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:			-				
В	ΑU	TOMOBILE LIABILITY			BAP 1857085 02	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	
		OWNED SCHEDULED						BODILY INJURY (Per accident)	
		AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
		13.13.31.31							
С	Х	UMBRELLA LIAB X OCCUR			62785232	10/01/2020	10/01/2021	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED X RETENTION \$100,000							
В		DRKERS COMPENSATION AND			WC254061602	, ,	10/01/2021	X PER STATUTE OTH-	
В		IPLOYERS' LIABILITY Y PROPRIETOR / PARTNER / EXECUTIVE			wc185708702	10/01/2020	10/01/2021	E.L. EACH ACCIDENT	\$1,000,000
	OF	FICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
		es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$1,000,000
.					028182375	10/01/2019		Each Claim	
Α	Er	v Contr Prof			028182375 Prof/Poll Liab	10/01/2019	10/01/2021	Agggregate	\$1,000,000 \$1,000,000
					SIR applies per policy ter	ns & condi	tions	Agggi egace	\$1,000,000
_				•			•		

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

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies as required by written contract. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and Workers' Compensation policies as required by written contract. Stop Gap Coverage for the following states: OH, ND, WA, WY.

CERTIFICATE HOLDER	CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

TY OF POMPANO BEACH

AUTHORIZED REPRESENTATIVE

City of Pompano Beach 1190 NE 3rd Avenue, Building C Pompano Beach FL 33060 USA

Aon Rish Insurance Services West Inc

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5/1/2021

DATE (MM/DDYYYYY) 12/4/2020

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	Lockton Companies	CONTACT NAME:					
	444 W. 47th Street, Suite 900	PHONE (A/C, No. Ext): FAX (A/C, No):					
	Kansas City MO 64112-1906 (816) 960-9000	E-MAIL ADDRESS:					
	(810) 900-9000	INSURER(S) AFFORDING COVERAGE INSURER A : Berkshire Hathaway Specialty Insurance Company					
INSURED	STANTEC CONSULTING SERVICES INC.	INDURER B: Travelers Property Casualty Co of America					
1415077	370 INTERLOCKEN BOULEVARD, SUITE 300	INSURER C:					
	BROOMFIELD CO 80021-8012	INSURER D:					
		INSURER E :					
		INSURER F:					

COVERAGES CERTIFICATE NUMBER: 17178326 REVISION NUMBER: XXXXXXX 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.

NSR TR		TYF	E OF INS	URANG	CE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	8
A	X	COMMERC			53757 7553	Y	Y	47-GLO-307584	5/1/2020	5/1/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,000 \$ 1,000,000
2	x	X CONTRACTUAL/CROSS								2	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 25,000
- 100 Marie	X	(() () () () () () () ()	OVER							1	PERSONAL & ADV INJURY	\$ 2.000,000
	GEN	L AGGREG			IES PER:						GENERAL AGGREGATE	\$ 4,000,000
		POLICY	X PRO-	7	LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	ALIT	OTHER:	ARII ITY		(5)	2.7	D.T.	TCAL CAD SERVESSIO (AOS)	5/1/2020	5/1/2021	COMBINED SINGLE LIMIT	\$ 1,000,000
-		T. (1997) 100 (1997) 1		N	TC2J-CAP-8E086819 (AOS) TJ-BAP-8E086820	5/1/2020 5/1/2020 5/1/2020	5/1/2021 5/1/2021 5/1/2021	(Ea accident) BODILY INJURY (Per person)	\$ 1,000,000			
В	X	OWNED SCHEDULED						TC2J-CAP-8E087017 (NJ)	BODILY INJURY (Per accident)	5 XXXXXXXXX 5 XXXXXXXXX		
	AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY								PROPERTY DAMAGE (Per accident)	§ XXXXXXXX		
		ADIOGOGE!				50	D 00			\$ XXXXXXX		
١	X	UMBRELLA	LIAB	X	OCCUR	N	N 47-UMO-307585		5/1/2020	5/1/2021	EACH OCCURRENCE	\$ 5,000,000
7	X	EXCESS LI	AB		CLAIMS-MADE	. 450000	57555	STATE OF THE STATE	575300000	2000	AGGREGATE	\$ 5,000,000
- 3		DED	RETENT	TON \$		1	8		n 2	1000	1 25 SE S	\$ XXXXXXXX
3	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		W 186		N	UB-3P635310 (AOS)	5/1/2020	5/1/2021	X PER OTH-			
3	ANY	PROPRIETO	PRIETOR/PARTNER/EXECUTIVE UB-3P533004 (MA, WI) 5/1/2020 5/1/2021 EL		E.L. EACH ACCIDENT	\$ 1,000,000						
	(Man	OFFICERMEMBER EXCLUDED? N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below			December of the way			1 3	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
							7.0	50 90		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) RE: RLI E-23-20 CONTINUING CONTRACT FOR ENGINEERING SERVICES FOR WATER AND REUSE TREATMENT PLANT PROJECTS. CITY OF POMPANO BEACH IS AN ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY, IF REQUIRED BY WRITTEN CONTRACT, WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY WHERE ALLOWED BY STATE LAW AND IF REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION See Attachments
17178326 CITY OF POMPANO BEACH ATTN: RISK MANAGER 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.
TOWNANO BEACHTE 33000	AUTHORIZED REPRESENTATIVE



10/1/2021

12/4/2020

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PRODUCER Lockton Companies	CONTACT NAME:					
444 W. 47th Street, Suite 900	PHONE (A/C, No, Ext): FAX (A/C, No):					
Kansas City MO 64112-1906 (816) 960-9000	E-MAIL ADDRESS:					
(810) 900-9000	INSURER(S) AFFORDING COVERAGE	NAIC #				
	NSURER A: Berkshire Hathaway Specialty Insurance Company	22276				
INSURED STANTEC CONSULTING SERVICES INC.	MOURER B: AIG Specialty Insurance Company 26					
1414100 STANTEC CONSULTING SERVICES INC. 370 INTERLOCKEN BOULEVARD, SUITE 300	INSURER C:	\$5.00 B.O.				
BROOMFIELD CO 80021-8012	INSURER D:					
No. of the Control of	INSURER E:					
	INSURER F:					

COVERAGES

CERTIFICATE NUMBER: 17178356

REVISION NUMBER: XXXXXXX

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.

SR IR	TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	8
1	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	et su		NOT APPLICABLE			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s XXXXXXXXX s XXXXXXXXX
						7	MED EXP (Any one person)	\$ XXXXXXX
						8	PERSONAL & ADV INJURY	\$ XXXXXXX
	GEN'L AGGREGATE LIMIT APPLIES PER:					15	GENERAL AGGREGATE	\$ XXXXXXX
	POLICY X PRO- X LOC					50	PRODUCTS - COMP/OP AGG	\$ XXXXXXXX
1	OTHER:			The state of the s				\$
1	AUTOMOBILE LIABILITY	es =		NOT APPLICABLE	: -	6	COMBINED SINGLE LIMIT (Ea accident)	\$ XXXXXXXX
	ANY AUTO					55	BODILY INJURY (Per person)	\$ XXXXXXXX
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$ XXXXXXXX
	AUTOS ONLY NON-OWNED AUTOS ONLY					80	PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
		62 14		ro.				\$ XXXXXXX
I	UMBRELLA LIAB OCCUR			NOT APPLICABLE		40	EACH OCCURRENCE	\$ XXXXXXX
l	EXCESS LIAB CLAIMS-MADE			and the second second			AGGREGATE	\$ XXXXXXXX
	DED RETENTION \$	S = 3			- 0	S 3		\$ XXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NOT APPLICABLE		93	PER OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandafory in NH)		N/A		and the second s		(0)	E.L. EACH ACCIDENT	\$ XXXXXXXX
						100	E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXX
	If yes, describe under DESCRIPTION OF OPERATIONS below	e :		n	10.5	e ii	E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX
	Professional Liab	N	N	47-EPP-308810 NO RETROACTIVE DATE	10/1/2020	10/1/2021	\$3,000,000 PER CLAIM/A INCLUSIVE OF COSTS	lGG
١	Contractors Pollution Liab			CPO8085428	10/1/2019	10/1/2021	\$3,000,000 PER LOSS/AG	G

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: RLI E-23-20 CONTINUING CONTRACT FOR ENGINEERING SERVICES FOR WATER AND REUSE TREATMENT PLANT PROJECTS.

CERTIFICATE HOLDER	CANCELLATION					
17178356 CITY OF POMPANO BEACH ATTN: RISK MANAGER 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.					
POWEATO BEACH PE 33000	AUTHORIZED REPRESENTATIVE Joseph M Agnello					
•	<u> </u>					