

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2023

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 r	ights to the certificate holde	r in lieu of such	n endorsement(s).	
PRODUCER			CONTACT NAME:	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 77	'6-4446
1201 W Cypress Creek Rd			E-MAIL 053.certs@bbrown.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
Burkhardt Construction	, Inc.		INSURER C: The North River Insurance Company	21105
1400 Alabama Avenue	Suite 20		INSURER D: Lloyd's	85202
			INSURER E :	
West Palm Beach	FL	33401-7048	INSURER F:	
COVERAGES	CEDTIEICATE NI IMBED	23-24	DEVISION NUMBED:	

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.

	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-
×	COMMERCIAL GENERAL LIABILITY							\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
×	Blanket Contractual Liability						MED EXP (Any one person)	\$ 10,000
×	Independent Contractors Liability	Υ		GL208954110	10/01/2023	10/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
×	ANY AUTO					10/01/2024	BODILY INJURY (Per person)	\$
	AUTOS ONLY AUTOS			CA208954210	10/01/2023		BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
X	UMBRELLA LIAB COCCUR						EACH OCCURRENCE	\$ 4,000,000
	EXCESS LIAB CLAIMS-MADE			5821221213	10/01/2023	10/01/2024	AGGREGATE	\$ 8,000,000
	DED RETENTION \$ 0							\$
	EMPLOYEDOU LA DILIEN						PER OTH- STATUTE ER	
ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
If yes DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Pro	fessional Liability						Each Claim	\$1,000,000
' '	1000ionai Elabinty			KAE0000967	07/22/2023	07/22/2024	Aggregate Limit	\$1,000,000
							Deductible	\$15,000
	WOR AND OFFIC (Manufifyes) DESC	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR Blanket Contractual Liability Independent Contractors Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY PRO- OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY CONTRACTOR OCCUR EXCESS LIAB CLAIMS-MADE	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCUR Blanket Contractual Liability Independent Contractors Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODICY PRODICY AUTOS OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR Blanket Contractual Liability Independent Contractors Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUET LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY CLAIMS-MADE EXCESS LIAB CLAIMS-MADE DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CCAIMS-MADE OCCUR Blanket Contractual Liability Independent Contractors Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DOTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WORKERS COMPENSATION AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional Liability	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCUR Blanket Contractual Liability Independent Contractors Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJUCY PROJUCY LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY WMBRELLA LIAB CCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0 WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional Liability Professional Liability Professional Liability	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE CALMS OCCUR Blanket Contractual Liability Mindependent Contractors Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT PECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ON	TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY

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

Project: 19353 - SR A1A Imrpovements

Certificate holder and Pompano Beach CRA listed as additional insured as respects General Liability if required by written contract.

CERTIFICATI	E HOLDER		CANCELLATION			
	City of Pompano Beach 100 W. Atlantic Blvd. Rm276		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. Adantic Bivd. Mil270			AUTHORIZED REPRESENTATIVE			
•	Pompano Beach	FL 33060	miller			



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LIK	>	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICI NUMBER	(MIM/DD/TTTT)	(WIW/DD/TTTT)		\$ 1,000,000
								DAMAGE TO RENTED	1 000 000
		CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	40.000
	X	Blanket Contractual Liability						MED EXP (Any one person)	\$ 10,000
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	GEN	I'L AGGRE <u>GATE</u> LIMIT APP <u>LIES P</u> ER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
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	×	ANY AUTO			CA208954210	10/01/2023	10/01/2024	BODILY INJURY (Per person)	\$
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		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Man	CER/MEMBER EXCLUDED? datory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
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