



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Riggs, Counselman, Michaels & Downes, Inc. 555 Fairmount Avenue Towson MD 21286		CONTACT NAME: Courtney Mitchell PHONE (A/C, No, Ext): 410-339-7263 E-MAIL ADDRESS: cmitchell@rcmd.com	FAX (A/C, No): 410-583-5459	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Travelers Indemnity Company	25658	
INSURED The Whiting - Turner Contracting Company 300 E Joppa Rd Baltimore MD 21286		INSURER B : Travelers Property Casualty Company of America	25674	
		INSURER C : Starr Indemnity & Liability Company	38318	
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 282554055

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								
B	COMMERCIAL GENERAL LIABILITY			Y	VTC2JCO5788B20ATIL19		8/1/2019	8/1/2020	EACH OCCURRENCE		\$2,000,000						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)		\$1,000,000						
									MED EXP (Any one person)		\$10,000						
									PERSONAL & ADV INJURY		\$2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE		\$4,000,000						
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC								PRODUCTS - COMP/OP AGG		\$4,000,000						
	OTHER:								Total Aggregate		\$25,000,000						
B	AUTOMOBILE LIABILITY			Y	VTC2JCAP5788B223TIL19		8/1/2019	8/1/2020	COMBINED SINGLE LIMIT (Ea accident)		\$2,000,000						
	<input checked="" type="checkbox"/> ANY AUTO								BODILY INJURY (Per person)		\$						
	OWNED AUTOS ONLY								BODILY INJURY (Per accident)		\$						
	HIRED AUTOS ONLY								PROPERTY DAMAGE (Per accident)		\$						
											\$						
C	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR		100585941191	8/1/2019	8/1/2020	EACH OCCURRENCE		\$5,000,000						
	<input checked="" type="checkbox"/> EXCESS LIAB			CLAIMS-MADE					AGGREGATE		\$5,000,000						
											\$						
	DED <input type="checkbox"/> RETENTION \$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N	VTC2KUB6B64125919 VTRKUB3H72695419		8/1/2019 8/1/2020	8/1/2020 8/1/2020	<input checked="" type="checkbox"/>	PER STATUTE	OTHE-R						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>								E.L. EACH ACCIDENT		\$1,000,000						
	(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE		\$1,000,000						
	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)

Job: Dr Martin Luther King Jr Blvd Improvements near 738 NW 3rd St, Pompano Beach, FL 33060. City of Pompano Beach is listed as Add'l Insured under GL on a primary & non-contributory basis and Auto as required by written contract. Waiver of Subrogation is granted under GL, Auto & WC as required by written contract. Excess Liability follows form of underlying coverage for GL, Auto & Employers' Liability. 30 days notice of cancellation, 10 days notice of cancellation for non-payment of premium

APPROVED

By Danielle Thorpe at 5:35 pm, Sep 04, 2019

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

Albert R. Gosselman