



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/11/2020

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 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 Kapnick Insurance Group 333 Industrial Dr Adrian MI 49221	CONTACT NAME: Misty Riley PHONE (A/C, No, Ext): 517.266.6543 E-MAIL ADDRESS: Misty.Riley@Kapnick.com	FAX (A/C, No): 517.263.6658
	INSURER(S) AFFORDING COVERAGE	
INSURED Emerald Transportation Corp dba Emerald Towing & Severe Incident Recovery Team LLC 4000 North Powerline Road Pompano Beach FL 33073	INSURER A: National Interstate	NAIC # 32620
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 1989753957** **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		TPC 4400029-00	9/15/2020	11/1/2021	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 \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TPC 4400029-00	9/15/2020	11/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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 \$
A	Garagekeepers			TPC 4400029-00	9/15/2020	11/1/2021	See Below
A	Cargo / On Hook			TPC 4400029-00	9/15/2020	11/1/2021	Per Truck Limit See Schedule

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

Cargo & On-Hook Deductible: \$5,000

Garage Keepers Comp deduct: \$500 per auto, \$2,500 max per claim Collision deduct: \$500

Garage Keepers Limits:

Location #1: 4000 N. Powerline Rd., Pompano Beach, FL, 33073 - \$500,000

See Attached...

APPROVED

By Danielle Thorpe at 1:28 pm, Feb 16, 2021

CERTIFICATE HOLDER City of Pompano Beach 1190 NE 3 Ave. Bldg C Pompano Beach FL 33060	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. AUTHORIZED REPRESENTATIVE <i>James A. Kapnick</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Kapnick Insurance Group		NAMED INSURED Emerald Transportation Corp dba Emerald Towing & Severe Incident Recovery Team LLC 4000 North Powerline Road Pompano Beach FL 33073	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Location #2: 1980 NW 1st Ave, Boca Raton, FL, 33432 - \$500,000
 Location #3: 4100 N. Powerline Rd. Suite P3 & P4, Deerfield Beach, FL, 33064 - \$500,000
 Location #4: 4270 NW 19th Ave., Deerfield Beach, FL, 33064 - \$500,000

Personal Injury Protection \$10,000 Each Accident
 Bodily Injury - Combined Single Limit - Each Accident \$1,000,000

AUTOMATIC STATUS POLICY FORMS (WHEN REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT WITH NAMED INSURED, PER POLICY TERMS & CONDITIONS)

GENERAL LIABILITY

- Additional Insureds
- CG 20 10 (04 13)- Commercial General Liability Extension
- Additional Insured - By Contract, Agreement or Permit
- CG 20 01 (04 13) -Primary and Non-Contributory
- CG 24 04 (05 09) - Waiver or Subrogation

APPROVED *D. Thorpe*
 By Danielle Thorpe at 1:28 pm, Feb 16, 2021

AUTO LIABILITY

- CA 50 57 (06 14) -Additional Insured - By Contract, Agreement or Permit
- CA 04 49 (11 16) -Primary Non Contributory
- CA 04 44 (10 13) -Waiver of Subrogation

ADDITIONAL INSURED IN FAVOR OF CERTIFICATE HOLDER WITH RESPECTS TO WORK PERFORMED BY INSURED ON THEIR BEHALF

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days for non payment 30 days all others written notice, to the certificate holder but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives