ACORD

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CON REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLD	MEND, EXTEN ISTITUTE A C	ND OR ALT	ER THE CO	VERAGE AFFORDED B	e hol Y the	POLICIES	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURE If SUBROGATION IS WAIVED, subject to the terms and condition	D, the policy(in the policy) of the polic	y, certain p	olicies may ı				
this certificate does not confer rights to the certificate holder in lie	eu of such end	· ``	/				
PRODUCER Holmes Murphy & Associates	NAME:	Beau Mur		FAX			
2727 Grand Prairie Pkwy		, Ext): 608-24	2-2558	(A/C, No):			
Waukee IA 50263	E-MAIL ADDRE	ss: BMurray	@holmesmur	phy.com			
		INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
		ка: Valley F	orge Insuranc	ce Company		20508	
MODILED		<mark>кв:</mark> The Cor	ntinental Insur	ance Company		35289	
Baxter & Woodman, Inc 8678 Ridgefield Road	INSURE	<mark>к с</mark> : Contine	ntal Casualty	Company		20443	
Crystal Lake, IL 60012	INSURE	RD:					
	INSURE	RE:					
	INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: 13284	26187			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BEL INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CON CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY INSR	DITION OF AN	(CONTRACT THE POLICIE EDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	CT TO V D ALL T	WHICH THIS	
LTR TYPE OF INSURANCE INSD WVD POLICY NU	MBER	POLICY EFF (MM/DD/YYYY)		LIMIT			
A X COMMERCIAL GENERAL LIABILITY 7017821337		1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,	
				PREMISES (Ea occurrence)	\$ 1,000	,	
		- 1		MED EXP (Any one person)	\$ 15,00		
GEN'L AGGREGATE LIMIT APPLIES PER: APPROVED	A.D	DIL		PERSONAL & ADV INJURY	\$ 1,000	,	
	W Y Y'	KM		GENERAL AGGREGATE	\$2,000	,000	
POLICY X PRO- JECT X LOC By Edgar P. Alba a	at 10:17 al	n, Jan 0	4, 2024	PRODUCTS - COMP/OP AGG	\$2,000	,000	
OTHER:		· ·	·)	COMBINED SINGLE LIMIT	\$		
B AUTOMOBILE LIABILITY 7017833701		1/1/2024	1/1/2025	(Ea accident)	\$ 1,000	,000	
				BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS				BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$		
					\$		
B X UMBRELLA LIAB X OCCUR P7017835416		1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 10,00	0,000	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$ 10,00	0,000	
DED X RETENTION \$ 10,000					\$		
C WORKERS COMPENSATION 717818681		1/1/2024	1/1/2025	X PER OTH- STATUTE ER			
ANVERVEUTERS LABELT Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE N/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	
C Professional Liability Claims made form AEH591900841		1/1/2024	1/1/2025	Per claim Aggregate	\$5,00 \$10,0	0,000 00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Continuing Contract for Engineering Services. City of Pompano Beach & Pompano Beach Community Redevelopment Agency are included as additional insureds as respect GL/Auto/Umbrella, subject to written contract requiring same CERTIFICATE HOLDER CANCELLATION							
City of Pompano Beach PO Drawer 1300 Pompano Beach FL 33061 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.							
	100		ן שיייים				
		© 19	988-2015 AC	ORD CORPORATION.	All riał	nts reserved.	

ACORD

DATE (MM/DD/YYYY) 12/18/2023

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVELY SURAN	OR NEGATIVELY AMEND, CE DOES NOT CONSTITUT	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	to the	terms and conditions of th	e policy, certain p	olicies may			
this certificate does not confer rights t	o the c	ertificate holder in lieu of su		,			
PRODUCER			CONTACT NAME: Beau Mur	ray			
Holmes Murphy & Associates 2727 Grand Prairie Pkwy			PHONE (A/C, No, Ext): 608-24	2-2558	FAX (A/C, No):		
Waykee IA 50263			E-MAIL ADDRESS: BMurray	@holmesmur	phy.com		
			INS	SURER(S) AFFOR			NAIC #
			INSURER A : Valley F				20508
INSURED		BAXWOOPC	INSURER B: The Cor				35289
Baxter & Woodman, Inc			INSURER C : Contine				20443
8678 Ridgefield Road				Indi Casualty	Company		20443
Crystal Lake, IL 60012			INSURER D :				
			INSURER E :				
			INSURER F :				
	-	ATE NUMBER: 582523737			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equire Pertai Polici	MENT, TERM OR CONDITION IN, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	т то и	VHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		7017821337	1/1/2024	1/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000, \$ 1,000,	
					MED EXP (Any one person)	\$ 15,000	
					,	\$ 1,000,	
					PERSONAL & ADV INJURY		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,	
POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$2,000,	000
OTHER:					COMBINED SINGLE LIMIT	\$	
B AUTOMOBILE LIABILITY		7017833701	1/1/2024	1/1/2025	(Ea accident)	\$ 1,000,	000
X ANY AUTO					BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
B X UMBRELLA LIAB X OCCUR		P7017835416	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 10,000	0,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 10,000	0,000
DED X RETENTION \$ 10,000						\$	-
C WORKERS COMPENSATION		717818681	1/1/2024	1/1/2025	X PER OTH- STATUTE ER	*	
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$ 1,000,	000
OFFICER/MEMBER EXCLUDED?	N / A				E.L. DISEASE - EA EMPLOYEE		
(Mandatory in NH)							
DÉSCRIPTION OF OPERATIONS below C Professional Liability		A EUE01000844	1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT Per claim	\$1,000, \$5,000	
Claims made form		AEH591900841	1/1/2024	1/1/2025	Aggregate		00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Re: all projects of the named insured, subje as resepct GL, subject to written contract re	ect to po	olicy terms and conditions. Cit				anket e	endorsement
CERTIFICATE HOLDER			CANCELLATION				
City of Pompano Beach -E 1201 NE 5th Avenue	•	ering		N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
Pompano Beach FL 33060			for/C	6mp	ORD CORPORATION.	A 11 1 - 1	

ACORD

DATE (MM/DD/YYYY) 12/18/2023

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY SURAN	OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDED B	Y THE	POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subjec	to th	e terms and conditions of the	he policy, certain p	olicies may			
this certificate does not confer rights	o the	certificate holder in lieu of s					
PRODUCER Holmes Murphy & Associates			NAME: Beau Mur	ray	FAX		
2727 Grand Prairie Pkwy			PHONE (A/C, No, Ext): 608-24	2-2558	FAX (A/C, No):		
Waukee IA 50263			ADDRESS: BMurray	@holmesmur	phy.com		
			IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #
			INSURER A : Valley F	orge Insurand	ce Company		20508
		BAXWOOPC	INSURER B : The Cor	ntinental Insur	ance Company		35289
Baxter & Woodman, Inc 8678 Ridgefield Road			INSURER C : Contine	ntal Casualty	Company		20443
Crystal Lake, IL 60012			INSURER D :				
			INSURER E :				
			INSURER F :				
COVERAGES CEF	TIFIC	ATE NUMBER: 1044601741			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	Equir Pert/ Polic	EMENT, TERM OR CONDITION AIN, THE INSURANCE AFFORD CIES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	т то и	VHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL S	WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8	
A X COMMERCIAL GENERAL LIABILITY		7017821337	1/1/2024	1/1/2025		\$ 1,000,	,000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,	,000
					MED EXP (Any one person)	\$ 15,000	0
					PERSONAL & ADV INJURY	\$ 1,000,	,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,	,000
POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$2,000,	,000
OTHER:						\$	
		7017833701	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,	,000
X ANY AUTO					BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY					· · · · · · · · · · · · · · · · · · ·	\$	
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
B X UMBRELLA LIAB X OCCUR		P7017835416	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 10,000	0,000
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 10,000	0,000
DED X RETENTION \$ 10,000						\$	
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		717818681	1/1/2024	1/1/2025	X PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$ 1,000,	,000
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	,000
DÉSCRIPTION OF OPERATIONS below						\$ 1,000,	
C Professional Liability Claims made form		AEH591900841	1/1/2024	1/1/2025	Per claim Aggregate	\$5,000 \$10,00	0,000 00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Re: RLI E-20-20: Continuing Contract for C includeded as additional insured per blank GL/Auto/WC.	ivil Én	igineering Services for Various	City Projects. City c	of Pompano B	each, its officers, employed		
CERTIFICATE HOLDER			CANCELLATION				
City of Pompano Beach 1201 NE 5th Avenue Pompano Beach FL 33060)			N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
			HOR/C	9-2015 AC	ORD CORPORATION. A	All righ	

ACORD

DATE (MM/DD/YYYY) 12/18/2023

		CERTIFICATE HOLDER.			HE ISSUING INSURER	S), AU	
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the	terms and conditions of th	ne policy, certain p	olicies may			
PRODUCER	o the c	ertificate noider in fieu or s		/			
Holmes Murphy & Associates			CONTACT NAME: Beau Mur		FAX		
2727 Grand Prairie Pkwy			(A/C, No, Ext): 008-24	2-2558	(A/C, No):		
Waukee IA 50263			E-MAIL ADDRESS: BMurray	@holmesmur	phy.com		
			IN	SURER(S) AFFOR	RDING COVERAGE		NAIC #
			INSURER A : Valley F	orge Insurand	ce Company		20508
INSURED		BAXWOOPC	INSURER B: The Cor	ntinental Insur	ance Company		35289
Baxter & Woodman, Inc 8678 Ridgefield Road			INSURER C : Contine	ntal Casualty	Company		20443
Crystal Lake, IL 60012			INSURER D :				
			INSURER E :				
			INSURER F :				
COVERAGES CER	TIFICA	TE NUMBER: 1140439389			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH I	of ins Quire Pertai Policie	SURANCE LISTED BELOW HA MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	ст то и	VHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY		7017821337	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 1,000,	000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,	000
					MED EXP (Any one person)	\$ 15,000)
					PERSONAL & ADV INJURY	\$ 1,000,	000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,	000
POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$2,000,	000
OTHER:						\$	
B AUTOMOBILE LIABILITY		7017833701	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT	\$ 1,000,	000
X ANY AUTO					(Ea accident) BODILY INJURY (Per person)	\$	
OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
B X UMBRELLA LIAB X OCCUR		P7017835416	1/1/2024	1/1/2025			
		F7017835410	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 10,000	,
					AGGREGATE	\$ 10,000),000
C WORKERS COMPENSATION		747040004	4/4/2024	4/4/0005	V PER OTH-	\$	
AND EMPLOYERS' LIABILITY Y / N		717818681	1/1/2024	1/1/2025	X PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A				E.L. EACH ACCIDENT	\$ 1,000,	
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,	
C Professional Liability Claims made form		AEH591900841	1/1/2024	1/1/2025	Per claim Aggregate	\$5,000 \$10,00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: RLI T-28-20: Continuing Contract for Construction Engineering Inspection (CEI) Services for Various City Projects. City of Pompano Beach is included as an additional insured as respects the General Liability and Auto Liability. Waiver of Subrogation applies to Workers Compensation.							
CERTIFICATE HOLDER			CANCELLATION				
City of Pompano Beach 1201 NE 5th Avenue			THE EXPIRATIO	N DATE THI ITH THE POLIC	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.		
Pompano Beach FL 33060			AUTHORIZED REPRESE	6mp	ORD CORPORATION.	All plack	to recover