

Holo Mundo!, LLC - Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/24/2017

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 Francis L. Dean & Associates of Florida, LLC P.O. Box 772181 Ocala, FL 34474 fdean.com/RedirectFL.htm	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: applicationsFL@fdean.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: U.S. Fire Insurance Company	21113	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: HOLA MUNDO CAMP, LLC 3125 ESTATES DRIVE POMPANO BEACH, FL 33069	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** USP238927 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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	X		SRPGPM-101-0716	4/24/2017 10:31 AM	4/24/2018 12:01 AM	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	EACH OCCURRENCE \$ 1,000,000						
	FIRE DAMAGE (Any one fire) \$ 300,000						
	MED EXP (Any one person) \$ 5,000						
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$							WC STATUTORY LIMITS OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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						
A	Accident/Medical Coverage			US518514	4/24/2017 10:31 AM	4/24/2018 12:01 AM	AD&D \$ 2,500 MAXIMUM MEDICAL \$ 10,000 DEDUCTIBLE \$ 100 TERMS OF PAYMENT EXCESS

APPROVED
By John Mealer at 10:21 am, Apr 27, 2017

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Camp Activities. Certificate Holder is named as additional insured with respect to the operations of the Named Insured. \$100,000 Sexual Abuse and Molestation Liability Coverage is included.

CERTIFICATE HOLDER CITY OF POMPANO BEACH 1801 NORTH EAST 6TH STREET 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>Francis L. Dean</i>
---	--



Holo Mundo!, LLC - Workers Comp Waiver

Parks, Recreation & Cultural Arts Department

City of Pompano Beach, Florida
1801 NE 6 Street, Pompano Beach, Florida 33060 | p: 954.786.4111 | f: 954.786.4113

May 3, 2017

Adrianna Chambliss
Hola Mundo!, LLC
3125 Estates Drive
Pompano Beach, FL 33069

Dear Adrianna,

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

The City of Pompano Beach requires: **ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

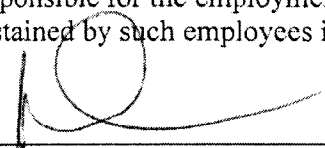
Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at the Emma Lou Olson Civic Center, 1801 NE 6 Street, Pompano Beach, FL 33060. If you have any questions about this letter please telephone me at 954-786-4111.

Very truly yours,

Kaitlyn Kerr

Kaitlyn Kerr
Recreation Supervisor

Hola Mundo!, LLC has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida **Hola Mundo!, LLC**. agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.



Signature

5/8/17

Date

Adrianna Chambliss, Owner/Director
Name and Title (print)

APPROVED *C. Lawrence*
By Cindy Lawrence at 10:32 am, May 11, 2017

Holo Mundo!, LLC - Auto Insurance

GEICO, FLORIDA AUTOMOBILE INSURANCE
geico.com IDENTIFICATION CARD
GEICO INDEMNITY COMPANY

Policy Number/Florida Code No. Effective Date
4368019867/09170 04-02-17
 PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY
 BODILY INJURY LIABILITY

Named Insured: ADRIANA MARIA CHAMBLISS

Year Make Model Vehicle ID No.
2004 L ROVER DISCYSEAWD SALTW19414A839025

Phone Number: 1-800-841-3000

Not valid more than one year from effective date.

Important Information

Here are your Policy Identification Cards. Please destroy your old cards when the new cards become effective.

Due to space limitations on the ID card, only the Named Insured and the Co-insured are listed. For a full list of drivers covered under this policy, please reference the Drivers section of your Declarations Page, which is included with your insurance packet.

Please notify us promptly of any change in your address to be sure you receive all important policy documents. Prompt notification will enable us to service you better.

Your policy is recorded under the name and policy number shown on the card.

If you would like additional ID cards, you can go online to geico.com call us at 1-800-841-3000.

APPROVED

C. Lawrence

By Cindy Lawrence at 10:35 am, May 11, 2017

What to do at the time of an accident.

- Do not admit fault
- Do not reveal the limits of your liability coverage to anyone
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved. Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable
- Contact GEICO by calling 1-800-841-3000 or visit geico.com to report the accident.

Need a tow or roadside assistance?

Call 1-800-424-3426 to reach GEICO's Emergency Road Service (ERS).

Coverage, including collision, may extend to rental vehicles that qualify as temporary substitutes or non-owned autos in your policy.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

U-4-FL (04-14)