

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/16/2023

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CONTACT March Affinity											
1110	John			ļ-	NAME:	Marsh A		FAX			
Marsh Affinity a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686					(A/C, No, Ext): 000-743-0130 (A/C, No):						
					E-MAIL ADDRESS: ADPTotalSource@marsh.com						
					INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#	
					INSURER A: Illinois National Ins Co					23817	
INSURED					INSURER B:						
ADP TotalSource St. VI. Inc.					INSURER C:						
ADP TotalSource FL XI, Inc. 5800 Windward Parkway					INSURER D:						
Alpharetta, GA 30005 Alternate Employer:					INSURER E:						
Condo Electric Motor Repair, Inc.					INSURER F:						
3746 E 10TH CT					MOOKEN !						
Hialeah, FL 330130000											
COVERAGES CERTIFICATE NUMBER:					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											
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 BEE					EN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPEOFINSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICYEXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR	1						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	AL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:				1			GENERAL AGGREGATE	\$		
İ	POLICY PRO L.OC		l			1		PRODUCTS - COMPIOP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	, , , , , , , , , , , , , , , , , , , ,	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED							PROPERTY DAMAGE	\$	************	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
									- <del></del>		
								AGGREGATE			
	DED RETENTION \$							PER I IOTA.	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							PER X STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A	WC 034274994 FL		07/01/2023	07/01/2024	E.L. EACH ACCIDENT	\$ 2,00			
Α								E.L. DISEASE - EA EMPLOYEE	\$ 2,00		
	DÉSCRIPTION OF OPERATIONS below	$\vdash \vdash$						E.L. DISEASE - POLICY LIMIT	\$ 2,00	00,000	
	ODIDZION OF ODEDATIONS IN OCCUPANTS (VEN	1101 50	(400	NDD 404 Additional Description	lon alvila	may be attacked	I If mans	a manufund)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All worksite employees working for CONDO ELECTRIC MOTOR REPAIR, INC., paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. CONDO ELECTRIC MOTOR REPAIR, INC. is an											
INC.'s payroll, are covered under the above stated policy. CONDO ELECTRIC MOTOR REPAIR, INC. is an alternate employer under this policy.											
alternate employer under this policy.  APPROVED											
						By Edgar P. Alba at 2:37 pm, Jul 05, 2023					
CERTIFICATE HOLDER						DANCELLATION!					
CERTIFICATE HOLDER CANCELLATION											
City of Pompano Beach Purchasing Division					611-						
1190 NE 3rd Ave					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Pompano Beach, FL 33060					ACCORDANCE WITH THE POLICY PROVISIONS.						
F					ALITHORIZED REPRESENTATIVE						

ACORD 25 (2016/03)

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