



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/04/2024

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).

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hiscox Insurance Company Inc NAIC # 10200
<b>INSURED</b> POMPANO COWBOYS BOOSTER CLUB 951 N W 27 AVE POMPANO, FL 33069	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**APPROVED** *Daniel Beecher*  
 By Daniel Beecher at 1:39 pm, Jan 02, 2025

**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 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 SUBR INSD 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	P100.509.577.6	09/04/2024	09/04/2025	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 \$					
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The City of Pompano Beach as additional insured

<b>CERTIFICATE HOLDER</b> City of Pompano Beach 100 W Atlantic Blvd Pompano Beach, FLORIDA 33060	<b>CANCELLATION</b> 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
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**APPROVED**

*Daniel Beecher*

By Daniel Beecher at 1:23 pm, Jan 13, 2025

# IDENTIFICATION CARDS

Please cut on dotted lines and fold on solid lines

Please cut on dotted lines and fold on solid lines

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**  
**UNITED AUTOMOBILE INSURANCE COMPANY**  
A STOCK COMPANY (NAIC CODE 35319)

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A STOCK COMPANY (NAIC CODE 35319)

Policy Number/Florida Code No.: UAH 000411219 / 01985  
Effective Date: 08/07/2024

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Effective Date: 08/07/2024

**Misrepresentation of insurance is a first degree misdemeanor.**

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PERSONAL INJURY PROTECTION  
 BENEFITS/PROPERTY DAMAGE LIABILITY  
 BODILY INJURY LIABILITY

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 BENEFITS/PROPERTY DAMAGE LIABILITY  
 BODILY INJURY LIABILITY

Named Insured: JAMES EVERT SCOTT JUNIOR

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**Year Make Model VIN**  
2014 FORD FUSION 3FA6P0K96ER331938

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2014 FORD FUSION 3FA6P0K96ER331938

AGENT: INSURANCE SOLUTIONS  
PHONE: (954)251-3446

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PHONE: (954)251-3446

NOT VALID AFTER 02/06/2025

NOT VALID AFTER 02/06/2025

## IMPORTANT NOTICE

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It is important that the ID Card(s) provided be carried by you (and household operators) at all times. Information contained on the ID Card will be needed in connection with vehicle registration and accident involvement. At such times such evidence of insurance will be subject to verification as to whether or not the insurance required by law has been maintained.

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**IN CASE OF ACCIDENT PLEASE REPORT YOUR CLAIM ONLINE AT [www.uaig.net](http://www.uaig.net)**

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OR CALL 1-800-344-2150

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**BUCKLE UP**



**BUCKLE UP**

SEAT BELTS SAVE LIVES • WE CARE  
COLLISION COVERAGE DOES NOT EXTEND TO RENTAL VEHICLES

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Two Identification Cards are provided herewith. Should you require additional cards for other drivers insured under our policy, please advise us and we will be happy to send them to you.

**NOW WE OFFER THE ABILITY TO REPORT A CLAIM OR CHECK STATUS ONLINE!**

**For policy information and more, please visit:**

**[mypolicy.uaig.net](http://mypolicy.uaig.net)**



# Parks and Recreation Dept.

City of Pompano Beach, Florida

1190 NE 3rd Avenue, Bldg C Pompano Beach, Florida 33060 | p: 954.786.4098 | f: 954.786.4168

**APPROVED** *Daniel Beecher*  
By Daniel Beecher at 9:27 am, Jan 16, 2025

07/5/24

Pompano Cowboys Booster Club.  
951 NW 27<sup>th</sup> ave  
Pompano Beach, FL 33069

Dear James Scott

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.**

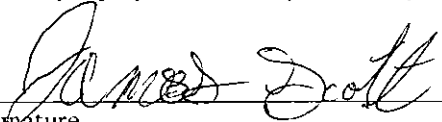
Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at 1801 NE 6<sup>th</sup> St. Pompano Beach, 33060. If you have any questions about this letter please telephone me at

Very truly yours.

Ronnie McDougle  
Recreation Supervisor

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**The Pompano Cowboys Booster Club** has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida **The Pompano Cowboys Booster Club** 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

  
Date

Booster Club President  
Name and Title (print)