



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2025

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 JAL Insurance Services 1719 E. Commercial Blvd. Fort Lauderdale FL 33334		CONTACT NAME: John Lombardo PHONE (A/C, No, Ext): (954) 958-0878 FAX (A/C, No): (954) 958-0873 E-MAIL ADDRESS: jlombardo@jalinsurance.com	
INSURED Florida Champion Football League 300 Delaware Ave Ft Lauderdale FL 33312		INSURER(S) AFFORDING COVERAGE INSURER A: COVINGTON SPECIALTY INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 13027	

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"/> CLAIMSMADE <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:		VBA048203	03/24/2025	02/24/2026	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 - COMPOP AGG \$ 2,000,000	
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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 <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						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)

Additional Insured: City of Pompano Beach

Team: Pompano Beach Outlaws

APPROVED *Brittney Dixon*
By Brittney Dixon at 11:03 am, May 01, 2025

CERTIFICATE HOLDER**CANCELLATION**

City Of Pompano Beach 100 West Atlantic Blvd Pompano Beach FL 33060	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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Thank you for insuring with us! Here are your identification cards for proof of insurance.

Direct <small>AUTO INSURANCE</small>			KEEP THIS CARD IN YOUR MOTOR VEHICLE Report all accidents immediately to: Direct Auto Insurance Toll free at: 800-403-1077 Misrepresentation of insurance is a first degree misdemeanor MOD: 00 10330 (01012011)
Florida Automobile Insurance Identification Card			
Direct General Insurance Company PO Box 3199 Winston Salem NC 27102-3199		Company Number 02876	
Policy Number 2027917452	Effective Date 3/19/2025	Expiration Date 3/19/2026	
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input type="checkbox"/> Bodily Injury Liability	
Debarris James			
2015 LINC NAVIGATO 5LMJJ2HT5FEJ06248			
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE			

▲
Cut On Solid Line – Fold On Dotted Line

APPROVED *Brittney Dixon*
By Brittney Dixon at 10:25 am, May 05, 2025

Parks and Recreation Dept.

City of Pompano Beach, Florida

1801 NE 6 Street - Pompano Beach, Florida 33060 | p: 954.786.4191

April 29, 2025

Florida Champion Football League Inc
713 MLK Blvd
Pompano Beach, FL 33060

Dear Debarris James,

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 6th St, Pompano Beach, 33060. If you have any questions about this letter please telephone me at

Very truly yours,

Kate Belcher

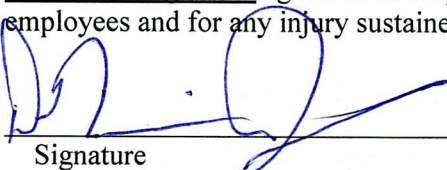
Kate Belcher
Recreation Manager

APPROVED

Brittney Dixon

By Brittney Dixon at 10:26 am, May 05, 2025

Florida Champion Football League Inc has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida **Florida Champion Football League Inc** 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

4/29/25
Date

Debarris James
Name and Title (print)