AZHAMNOV



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2023

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 NAME:		
collinsworth, Alter, Fowler & French, LLC 5050 NW 79th Court	PHONE (A/C, No, Ext): (305) 822-7800 FAX (A/C, No): (30	05) 362-2443	
Suite 200	E-MAIL ADDRESS:		
liami Lakes, FL 33016	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A: Liberty Mutual Fire Insurance Company		
NSURED	INSURER B : LM Insurance Corporation	33600	
Verdex Construction, LLC	INSURER C: North River Insurance Company	21105	
1545 Centrepark Drive	INSURER D : Hartford Fire Ins Co	19682	
West Palm Beach, FL 33401	INSURER E : Pacific Insurance LTD	10046	
	INSURER F:		

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.

		DSIONS AND CONDITIONS OF SUCH								
INSR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	Х		TB5Z51294216022	10/31/2022	10/31/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			AS7Z51294216032	10/31/2022	10/31/2023	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С		UMBRELLA LIAB X OCCUR				10/31/2022 10/31		EACH OCCURRENCE	\$	10,000,000
	X	EXCESS LIAB CLAIMS-MADE			5821200216		10/31/2023	AGGREGATE	\$	10,000,000
		DED RETENTION \$							\$	
A	WOR	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A			10/31/2022 10/31/202	10/31/2023	E.L. EACH ACCIDENT	\$	1,000,000
			117.2					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Equ	ipment Floater			21UUMD07117	11/15/2022	10/31/2023	Leased/Rented		250,000
E	Pol	lution/Prof Liab			13CPIBK3914	10/31/2022	10/31/2023	Each/Aggregate		3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Pompano Beach is included as an additional insured with respects to general liability when required by written contract.

APPROVED

By Danielle Thorpe at 10:43 am, Apr 05, 2023

CERTIFICATE HOLDER

CANCELLATION

City of Pompano Beach 100 West Atlantic Boulevard 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

P: 0-

AZHAMNOV

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY Collinsworth, Alter, Fowler & French, LLC		NAMED INSURED Verdex Construction, LLC 1545 Centrepark Drive	
POLICY NUMBER		∖West Palm Beach, FL 33401 Palm Beach	
SEE PAGE 1		Pallii Beacii	
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

2nd Layer Excess Liability \$15,000,000 excess of \$10,000,000 Ohio Casualty Insurance Company Pol #ECO2363792150 10/31/2022 - 10/31/2023