

Exhibit B - Insurance Zambelli Fireworks MFG Co. Inc.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/17/2017

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 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

tł	nis ce	rtificate does not confer rights t	o the	cert	ificate holder in lieu of su).				
PRO	DUCER	Allied Specialty Insurance, Inc.			CONTACT Michelle Kugler							
		10451 Gulf Blvd			PHONE (A/C, No, Ext): 727-547-3070 FAX (A/C, No):				X (C. No): 72	727-367-5695		
		Treasure Island, FL 33706-4814					E-MAIL ADDRESS: mkugler@alliedspecialty.com					
							INSURER(S) AFFORDING COVERAGE				NAIC#	
					INSURER A: T.H.E. Insurance Company					12866		
INSURED		ZAMBELLI FIREWORKS MFG CO, INC., ETAL 20 SOUTH MERCER STREET NEW CASTLE PA 16101					INSURER B:					
							INSURER C:					
							INSURER D:					
					INSURER E :							
					INSURER F:							
co	VER/	AGES CERTIFICATE NUMBER:					REVISION NUMBER:					
TI	HIS IS	TO CERTIFY THAT THE POLICIES	OF I	INSUF	RANCE LISTED BELOW HAV				ED NAMED ABOVE F	FOR THE F		
		TED. NOTWITHSTANDING ANY RE ICATE MAY BE ISSUED OR MAY										
		SIONS AND CONDITIONS OF SUCH								LCI IO AI	L THE TERMS,	
INSR LTR		TYPE OF INSURANCE		SUBR	SUBR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		TS	
Α		COMMERCIAL GENERAL LIABILITY	X		CPP0103167-04		02/01/2017	02/01/2018	EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR					02/01/2017	02/01/2010	DAMAGE TO RENTED PREMISES (Ea occurrer	ence) \$	100,000	
									MED EXP (Any one pers	son) \$	N/A	
									PERSONAL & ADV INJU	URY \$	1,000,000	
	GEN'	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	E \$	10,000,000	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	P AGG \$	2,000,000	
		OTHER:								\$		
Α	AUTO	DMOBILE LIABILITY			CPP0103167-04		02/01/2017	02/01/2018	COMBINED SINGLE LIN (Ea accident)	MIT \$	1,000,000	
	/\	X ANY AUTO							BODILY INJURY (Per pe	erson) \$		
		OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per ad	ccident) \$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
Α		UMBRELLA LIAB X OCCUR			ELP0011081-04		02/01/2017	02/01/2018	EACH OCCURRENCE	\$	9,000,000	
	X	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	9,000,000	
		DED RETENTION\$								\$		
Α		KERS COMPENSATION EMPLOYERS' LIABILITY			WCP0005125-004		02/01/2017	02/01/2018	X PER STATUTE	OTH- ER		
	ANYPI	ANYPROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?			Coverage is afforded in the State(s) of: AL, AZ, CO, CT.	AZ, CO, CT, DE, I	 FL, GA, IL, IN,	E.L. EACH ACCIDENT	\$	1,000,000	
(Mand		latory in NH)	N/A		KS, KY, LA, MD, MI, MN, MO, NC, N & WI. Policy does not provide disabi	, NE, NJ,	NE, NJ, NV, NY, PA, SC,		E.L. DISEASE - EA EMP	PLOYEE \$	1,000,000	
		describe under RIPTION OF OPERATIONS below			wit. Folicy does not provide disabili	ibility bene	illy benefits in New York		E.L. DISEASE - POLICY	Y LIMIT \$	1,000,000	
Α	Inlan	nd Marine / Hull			CPP0103167-04		02/01/2017	02/01/2018	Hull Limit		0,000	
									Show Limit	\$1,	500,000	
		ON OF OPERATIONS / LOCATIONS / VEHIC							ed) Pompano Beach Blvd,	Domnone F	Roach El	
UISP	iay Da	te: July 4, 2017	ŀ	Rain D	rate: L0	ocation:	r unipano bead	JII FICI, ZZZ IN I	- ompano deach bivo,	r umpano b	reacti, FL	

RE: General Liability, the following are named as additional insured in respects to the negligence of the named insured:

City of Pompano Beach, The Whiting-Turner Contracting Company, Murray Logan Construction Inc., ATIMA.

Further this Insurance will be deemed to be primary and non-contributory with respect to the Insurance of such additional insured if you agreed to such a condition in the written contract with such additional insured.

Thirty (30) says written notice of cancellation applies

CERTIFIC	ATE HOLDER	CANCELLATION				
City of Pomp 100 West At Pompano Bo	tlantic Blvd. each, 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.				
	APPROVED	AUTHORIZED REPRESENTATIVE				
C# 514336	By John Mealer at 1:53 pm, May 23, 2017	Carol a Serva				

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