

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/9/2021

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: Francys Tolon	
Commercial Lines - (305) 443-4886	PHONE (A/C, No, Ext): 786.785.1126	FAX (A/C, No): 7862649232
USI Insurance Services LLC	E-MAIL ADDRESS: francys.tolon@usi.com	
2601 South Bayshore Drive, Suite 1600	INSURER(S) AFFORDING COVE	RAGE NAIC#
Coconut Grove, FL 33133	INSURER A: Old Republic Insurance Com	pany 24147
INSURED	INSURER B: Certain Underwriters at Lloyd	s of London
Weekley Asphalt Paving, Inc.	INSURER C: AGCS Marine Insurance Con	npany 22837
20701 Stirling Road	INSURER D: Hallmark Specialty Insurance	Company 26808
	INSURER E :	
Pembroke Pines FL 33332	INSURER F:	
05DTISCATE AUMOSD 15422210	DEVISIO	N NIMBER. See below

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.

ISR		TYPE OF INSURANCE	ADDL SUBP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
A	Х	CLAIMS-MADE X OCCUR	X	MWZY 312426 21	3/1/2021	3/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,00 \$ 500,00
		CEAINS-MADE 1. OCCOR					MED EXP (Any one person)	\$ 10,00
							PERSONAL & ADV INJURY	\$ 1,000,00
	GEN	L AGGREGATE LIMIT APPLIES PER:			l l		GENERAL AGGREGATE	\$ 2,000,00
	POLICY X PRO- JECT LOC		1			c	PRODUCTS - COMP/OP AGG	s 2,000,00
								S
A	AUT	OTHER: TOMOBILE LIABILITY		MWTB 312425 21	3/1/2021	3/1/2022	COMBINED SINGLE LIMIT (Es accident)	\$ 1,000,00
1	х	ANY AUTO	1	WWW. 15 012 120 21			BODILY INJURY (Per person)	\$
		OWNED SCHEDULED	1				BODILY INJURY (Per accident)	S
		AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$
		AUTOS ONLY AUTOS ONLY					I or boolderny	S
		UMBRELLA LIAB OCCUR		SCX1011421	3/1/2021	3/1/2022	EACH OCCURRENCE	s 2,000,00
В	х	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s 2,000,00
		DED RETENTION\$	1					s
		WORKERS COMPENSATION		WIVYO 312427 21	3/1/2021	3/1/2022	X PER OTH-	
^	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	s 1,000,00	
			N/A				E.L. DISEASE - EA EMPLOYEE	s 1,000,00
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,00
C Leased & Rented Equipment				MXI93071287	3/1/2021	3/1/2022	L&R Equipment \$200,000 Deduc	tible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Bid No: T-14-21 - Asphaltic Concrete Pavement Surfacing

City of Pompano Beach is listed as an additional insured with respects to the general liability coverage as required by written contract.

APPROVED

By Danielle Thorpe at 9:26 am, Dec 09, 2021

С	Е	R	TI	FI	C	47	E	HC	L	DER	

City of Pompano Beach

100 West Atlantic Boulevard

Pompano Beach FL 33060

euor

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

CANCELLATION

6: M Canl

## Certificate of Insurance (Con't)

## **OTHER Coverage**

**TYPE OF INSURANCE** LTR

ADDL WVD INSR SUBR **POLICY NUMBER** 

(MM/DD/YY)

EFFECTIVE DATE EXPIRATION DATE (MM/DD/YY)

LIMIT

D

Excess Liability

77HX219720

3/1/2021

3/1/2022

3,000,000 Each Occurrence 3,000,000 Aggregate