

DATE (MM/DD/YYYY) 01/09/2024

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.

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PRODUCER	CONTACT NAME: Scott Schoen	
Warren Insurance Corporation	PHONE (A/C, No, Ext): (561) 362-6005 FAX (A/C, No): (561)	362-7005
950 Peninsula Corporate Circle Suite 1012	ADDRESS: scott@warrenins.com	
Boca Raton FL 33487	INSURER A : Mesa Underwriters Specialty Insurance Co	NAIC#
INSURED	INSURER B : Scottsdale Insurance Company	36838
Cutting Edge Industries Inc.		41297
1490 NW 22nd Street	INSURER C: Wesco Insurance Company	25011
Pompano Beach, FL 33069	INSURER D : AGCS Marine Insurance Company	
(561) 245-7259	INSURER E: National Liability & Fire Insurance Co.	20052
COVERAGES	INSURER F :	

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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INST

TYPE OF INSURANCE

ADDLISUBR INST WYD

GENERAL LIABILITY

A COMMERCIAL GENERAL LIABILITY

A COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE X OCCUR

X X MP0082001007285

O1/26/2024

O1/26/2025

REVISION NUMBER:

AMELIAN CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS SECRET OR OTHE

	CLAIMS-MADE X OCCUR	Х	Х	MP0082001007285	01/26/2024	01/26/2025	MED EXP (Any one person)	\$10,000
		A D	DI	OVED A D	All		PERSONAL & ADV INJURY	\$1,000,000
		AP	PI	ROVED A J. H.	m		GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	RV F	do	ar P. Alba at 3:19 pm	lan 11	2024	PRODUCTS - COMP/OP AGG	\$ 2,000,000
\vdash	THE THE LOC	- y -	-ug	ar i : Alba at 0:10 pii	i, oair i	, 2024		\$
E	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
_	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person)	\$
	AUTOS AUTOS	X	X	73APR419163-01	09/02/2023	09/02/2024	BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
<u> </u>	- HARDELLA LIAD						PIP	\$10,000
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB						EACH OCCURRENCE	\$ 5,000,000
Б	CLAIMS-MADE	X	X	XLS1226443	01/26/2024	01/26/2025	AGGREGATE	\$ 5,000,000
	WORKERS COMPENSATION							\$
	AND FIRE COMPANY						X WC STATU- OTH- TORY LIMITS FR	
C	OFFICER/MEMBER EXCLUDED?	N/A	X	WWC3686161	12/07/2023	12/07/2024	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH) If yes, describe under					12/01/2024	E.L. DISEASE - EA EMPLOYEE	\$1,000,000
-	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Inland Marine			MXI9307982420602	12/09/2023	12/09/2024	\$1,200.028	

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

Fax 954-786-4666

City of Pompano Beach is listed as Additional Insured with respect to General Liability

30 days notice of cancellation, 10 days notice for non-payment of premium.

Christopher J Done Sr, License SCC131151967 is covered under the Workers Compensation Policy.

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	_	-	-	-	-	-	THE REAL PROPERTY.		-	-	-	-	-	_	-		

City of Pompano Beach Occupational License Division 100 West Atlantic Boulevard Pompano Beach, FL 33060 Phone: (954)786-4633

CANCELLATION

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

<SS>

Kan/Whim



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Warren Insurance Corporation		PHONE): (561) 362-6005	FAX (A/C, No): (561)	262 7005
950 Peninsula Corporate Circle		E-MAIL ADDRESS:	scott@warrenins.com	(A/C, No): (301)	302-7003
Suite 1012		ADDRESS:	INSURER(S) AFFORDING COVERAGE		NAIC#
Boca Raton FL 33487		INSURER A :	Mesa Underwriters Specialty Ins		36838
INSURED			Scottsdale Insurance Company		41297
Cutting Edge Industries Inc.		INSURER C :	Wesco Insurance Company		25011
1490 NW 22nd Street		INSURER D :	AGCS Marine Insurance Compar	ıv	
Pompano Beach, FL 33069		INSURER E :	National Liability & Fire Insurance	e Co.	20052
(561) 245-7259		INSURER F :			
COVERAGES	CERTIFICATE NUMBER:		REVISION NU	MRER:	

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NSR _TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	x	MP0082001007285	01/26/2024	01/26/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Fa occurrence) MED EXP (Any one person)	\$1,000,000 \$100,000 \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- IFCT LOC			ROVED A P. Alba at 3:19 pr	All n, Jan 1	1, 2024	PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$2,000,000 \$2,000,000 \$
=	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS NON-OWNED AUTOS	x	x	73APR419163-01	09/02/2023	09/02/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$ \$ 10,000
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$	х	х	XLS1226443	01/26/2024	01/26/2025	EACH OCCURRENCE AGGREGATE	\$5,000,000 \$5,000,000
:	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	х	WWC3686161	12/07/2023		X WC STATU- OTH- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000
)	Inland Marine			MXI9307982420602	12/09/2023		\$1,200,028	

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

Fax: 954-786-4666

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30 days notice of cancellation, 10 days notice for non-payment of premium.

Christopher J Done Sr, License SCC131151967 is covered under the Workers Compensation Policy.

City of Pompano Beach
Building Department

CERTIFICATE HOLDER

Pompano Beach, FL 33061

P.O. Drawer 1300

CANCELLATION

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

<SS>



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Warren Insurance Corporation	PHONE (A/C, No, Ext): (561) 362-6005 (A/C, No): (56'	1) 362-7005
950 Peninsula Corporate Circle	E-MAIL ADDRESS: SCOtt@warrenins.com	
Suite 1012	INSURER(S) AFFORDING COVERAGE	NAIC #
Boca Raton FL 33487	INSURER A: Mesa Underwriters Specialty Insurance Co	36838
INSURED	INSURER B : Scottsdale Insurance Company	41297
Cutting Edge Industries Inc.	INSURER C: Wesco Insurance Company	25011
1490 NW 22nd Street	INSURER D: AGCS Marine Insurance Company	
Pompano Beach, FL 33069	INSURER E: National Liability & Fire Insurance Co.	20052
(561) 245-7259	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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ADDLISUBR TYPE OF INSURANCE POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) INSR WVD POLICY NUMBER GENERAL LIABILITY \$1,000,000 EACH OCCURRENCE DAMAGE TO RENTED Х COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 CLAIMS-MADE X OCCUR X MP0082001007285 01/26/2024 01/26/2025 \$10,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY *APPROVED* \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 PRODUCTS - COMP/OP AGG By Edgar P. Alba at 3:19 pm, Jan 11, 2024 POLICY X PRO-**AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) ¢1,000,000 E ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED AUTOS X X X 73APR419163-01 09/02/2023 09/02/2024 BODILY INJURY (Per accident) \$ NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS PIP \$10,000 UMBRELLA LIAB X OCCUR \$5,000,000 EACH OCCURRENCE **EXCESS LIAB** B XLS1226443 CLAIMS-MADE X X 01/26/2024 01/26/2025 \$5,000,000 AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE \$1,000,000 Y E.L. EACH ACCIDENT N/A X OFFICER/MEMBER EXCLUDED? WWC3686161 12/07/2023 12/07/2024 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 D **Inland Marine** MXI9307982420602 12/09/2023 12/09/2024 \$1,200,028

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

Fax to: (954) 786-4168

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_	_		•	ı			4	\underline{v}	_	3		_		1	$\overline{}$	_	$\boldsymbol{\nu}$	_	17	L

City of Pompano Beach Risk Management P.O. Box 1300 Pompano Beach, FL 33061 CANCELLATION

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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PRODUCER		a. Hights to the
Warren Insurance Corporation	CONTACT Scott Schoen	
950 Peninsula Corporate Circle	PHONE (A/C, No, Ext): (561) 362-6005 FAX (A/C, No): (56	1) 362-7005
Suite 1012	ADDRESS: scott@warrenins.com	
Boca Raton FL 33487	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Mesa Underwriters Specialty Insurance Co	36838
Cutting Edge Industries Inc.	INSURER B: Scottsdale Insurance Company	41297
1490 NW 22nd Street	INSURER C: Wesco Insurance Company	25011
Pompano Beach, FL 33069	INSURER D: AGCS Marine Insurance Company	
(561) 245-7259	INSURER E: National Liability & Fire Insurance Co.	20052
COVERAGES CERTIFICATE NUMBER:	INSURER F:	
OLKTIFICATE NUMBER:	DEVICION NUMBER	

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NSR	CLUSIONS AND CONDITIONS OF SUCH	POLI	CIES	LIMITS SHOWN MAY HAVE BEEN	REDUCED BY	PAID CLAIMS	D HEREIN IS SUBJECT T	O ALL THE TERIVIS
NSR LTR	TYPE OF INSURANCE GENERAL LIABILITY	TOUL	SUBF		POLICY FFF	POLICY EXP (MM/DD/YYYY)	T	rs
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	x	MP0082001007285	01/26/2024	01/26/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,000 \$100,000 \$10,000 \$1,000,000
	l lancouro las IPROs I I	AF	P	ROVED A P.	all		GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 2,000,000 \$ 2,000,000
	AUTOMOBILE LIABILITY	Ву	Edg	gar P. Alba at 3:19 pi	n, Jan 1	1, 2024	COMBINED SINGLE LIMIT	\$ \$1,000,000
	ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS AUTOS AUTOS AUTOS	x	x	73APR419163-01	09/02/2023	09/02/2024	(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP	\$ \$ \$
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION\$	х	х	XLS1226443	01/26/2024	01/26/2025	EACH OCCURRENCE AGGREGATE	\$ 10,000 \$ 5,000,000 \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	х	WWC3686161	12/07/2023	12/07/2024	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
	Inland Marine			MXI9307982420602	12/09/2023	12/09/2024		φ 1, 000,000

TION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Pompano Beach and the Pompano Beach CRA are additional insured with respect to General Liability

30 days notice of cancellation, 10 days notice for non-payment of premium.

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CERTIFICATE HOLDER

City of Pompano Beach 100 West Atlantic Blvd. Room 276

Pompano Beach, FL 33060

CANCELLATION

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AUTHORIZED REPRESENTATIVE



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COVERAGES CERTIFICATE NUMBER:	DEVICION NUMBER	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	1		POLICY EXP		·°
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	x	MP0082001007285		01/26/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,000,000 \$100,000 \$10,000
	OLIVE AGGINEGATE LIMIT APPLIES PER:			ROVED gar P. Alba at 3:19 pi	UU m, Jan 1	1, 2024	PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT	\$1,000,000 \$2,000,000 \$2,000,000 \$ \$1,000,000
E	ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS	x	х	73APR419163-01	09/02/2023	09/02/2024	(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP	\$
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	х	x	XLS1226443	01/26/2024	01/26/2025	EACH OCCURRENCE AGGREGATE	\$5,000,000 \$5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	x	WWC3686161	12/07/2023	12/07/2024	X WC STATU- OTH- TORY LIMITS FR E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Inland Marine			MXI9307982420602	12/09/2023	12/09/2024		

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CER	TIF	CA	TEH	HOL	DER

City of Pompano Beach & Pompano Beach CRA 100 W. Atlantic Blvd

Pompano Beach, FL 33060 Phone: (954)786-4670

Fax: (954)786-4677

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1490 NW 22nd Street	INSURER D: AGCS Marine Insurance Company	
Pompano Beach, FL 33069	INSURER E: National Liability & Fire Insurance Co.	20052
(561) 245-7259	INSURER F:	

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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 SU	UBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x x	x	MP0082001007285		01/26/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$1,000,000 \$100,000 \$10,000
	POLICY X PRO- LOC			ROVED gar P. Alba at 3:20 pt	AU m, Jan 1	1, 2024	PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$2,000,000 \$2,000,000 \$
E	ANY AUTO ALL OWNED AUTOS HIRED AUTOS AUTOS AUTOS AUTOS AUTOS AUTOS NON-OWNED AUTOS	x x	ĸ	73APR419163-01	09/02/2023	09/02/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$ \$
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	x x	(XLS1226443	01/26/2024	01/26/2025	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A X	<	WWC3686161	12/07/2023	12/07/2024	X WC STATU- OTH- TORY LIMITS FR E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000
D	Inland Marine			MXI9307982420602	12/09/2023	12/09/2024	\$1,200,028	

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

City of Pompano Beach CRA is additional insured with respect to General Liability

30 days notice of cancellation, 10 days notice for non-payment of premium.

Christopher J Done Sr, License SCC131151967 is covered under the Workers Compensation Policy.

С	Е	R	T	-	FI	C	A	T	E	H	0	L	D	EF	3

City of Pompano Beach CRA 501 Dr Martin Luther King Blvd Ste 1

Pompano Beach, FL 33060

CANCELLATION

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

<SS>



DATE (MM/DD/YYYY) 01/09/2024

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 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	Scott Schoen					
Warren Insurance Corporation		NAME: SCOTT SCHOOL PHONE (A/C, No, Ext): (561) 362-6005 FAX (A/C, No): (561) 362-7005						
950 Peninsula Corporate Circle		E-MAIL ADDRESS: scott@warrenins.com						
Suite 1012			INSURER(S) AFFORDING COVERAGE		NAIC#			
Boca Raton FL 33487		INSURER A :	Mesa Underwriters Specialty Ins	urance Co	36838			
INSURED		INSURER B :	Scottsdale Insurance Company		41297			
Cutting Edge Industries Inc.		INSURER C :	Wesco Insurance Company		25011			
1490 NW 22nd Street		INSURER D :	AGCS Marine Insurance Compan	٧				
Pompano Beach, FL 33069		INSURER E :	National Liability & Fire Insurance	e Co.	20052			
(561) 245-7259		INSURER F :						
COVERAGES	CERTIFICATE NUMBER:		REVISION NU	MBER:				
TINO 10 TO 000000 (00000 0000 0000 0000 0000								

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NSR TR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
	CLAIMS-MADE X OCCUR	Х	Х	MP0082001007285	01/26/2024	01/26/2025	MED EXP (Any one person)	\$ 10,000
		10	DE	OVED A D	Bell		PERSONAL & ADV INJURY	\$1,000,000
		1P	PK	ROVED WILL HE			GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
-	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	y E	ag	ar P. Alba at 3:20 pii	i, Jaii i	, 2024		\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000
E	ANY AUTO			73APR419163-01	09/02/2023	09/02/2024	BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS	x x	x				BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
		- 1					PIP	\$10,000
	X UMBRELLA LIAB X OCCUR			XLS1226443	01/26/2024	01/26/2025	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE	х	x				AGGREGATE	\$5,000,000
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A X W					X WC STATU- OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		WWC3686161	12/07/2023	12/07/2024	E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH) If yes, describe under		^	***************************************	12/01/2023	12/01/2024	E.L. DISEASE - EA EMPLOYEE	\$1,000,000
_	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
-	Inland Marine			MXI9307982420602	12/09/2023	12/09/2024	\$1,200,028	

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

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CERTIFICATE HOLDER

Pompano Beach CRA 501 Dr Martin Luther King Jr Blvd Suite

Pompano Beach, FL 33060

CANCELLATION

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AUTHORIZED REPRESENTATIVE

<SS>!