



# CERTIFICATE OF LIABILITY INSURANCE

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).

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MP0082001007285	01/26/2024	01/26/2025	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
E	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73APR419163-01	09/02/2023	09/02/2024	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							PIP \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB			XLS1226443	01/26/2024	01/26/2025	AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WWC3686161	12/07/2023	12/07/2024	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Inland Marine			MXI9307982420602	12/09/2023	12/09/2024	\$1,200,028

**APPROVED**  
By Edgar P. Alba at 3:19 pm, Jan 11, 2024

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.

**CERTIFICATE HOLDER**      **CANCELLATION**

City of Pompano Beach Occupational License Division 100 West Atlantic Boulevard Pompano Beach, FL 33060 Phone: (954)786-4633	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 <i>Rae/Wham</i> <SS>
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<b>PRODUCER</b> Warren Insurance Corporation 950 Peninsula Corporate Circle Suite 1012 Boca Raton FL 33487	<b>CONTACT NAME:</b> Scott Schoen <b>PHONE (A/C No. Ext.):</b> (561) 362-6005 <b>E-MAIL ADDRESS:</b> scott@warrenins.com	<b>FAX (A/C No.):</b> (561) 362-7005
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Cutting Edge Industries Inc. 1490 NW 22nd Street Pompano Beach, FL 33069 (561) 245-7259	<b>INSURER A:</b> Mesa Underwriters Specialty Insurance Co <b>NAIC #</b> 36838	
	<b>INSURER B:</b> Scottsdale Insurance Company <b>NAIC #</b> 41297	
	<b>INSURER C:</b> Wesco Insurance Company <b>NAIC #</b> 25011	
	<b>INSURER D:</b> AGCS Marine Insurance Company	
	<b>INSURER E:</b> National Liability & Fire Insurance Co. <b>NAIC #</b> 20052	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MP0082001007285	01/26/2024	01/26/2025	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
E	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73APR419163-01	09/02/2023	09/02/2024	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
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B	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XLS1226443	01/26/2024	01/26/2025	AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> A <input checked="" type="checkbox"/> X	WWC3686161	12/07/2023	12/07/2024	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Inland Marine			MXI9307982420602	12/09/2023	12/09/2024	\$1,200,028

**APPROVED**  
By Edgar P. Alba at 3:19 pm, Jan 11, 2024

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Fax to: (954) 786-4168  
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30 days notice of cancellation, 10 days notice for non-payment of premium.  
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<b>CERTIFICATE HOLDER</b> City of Pompano Beach Risk Management P.O. Box 1300 Pompano Beach, FL 33061	<b>CANCELLATION</b> 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 <i>Ran/Wan</i> <SS>
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950 Peninsula Corporate Circle		<b>E-MAIL ADDRESS:</b> scott@warrenins.com	
Suite 1012		<b>INSURER(S) AFFORDING COVERAGE</b>	
Boca Raton FL 33487		<b>INSURER A:</b> Mesa Underwriters Specialty Insurance Co	<b>NAIC #</b> 36838
<b>INSURED</b>		<b>INSURER B:</b> Scottsdale Insurance Company	41297
Cutting Edge Industries Inc.		<b>INSURER C:</b> Wesco Insurance Company	25011
1490 NW 22nd Street		<b>INSURER D:</b> AGCS Marine Insurance Company	
Pompano Beach, FL 33069		<b>INSURER E:</b> National Liability & Fire Insurance Co.	20052
(561) 245-7259		<b>INSURER F:</b>	

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	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73APR419163-01	09/02/2023	09/02/2024	PRODUCTS - COMP/OP AGG \$ 2,000,000
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	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PIP \$ 10,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WWC3686161	12/07/2023	12/07/2024	EACH OCCURRENCE \$ 5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X				AGGREGATE \$ 5,000,000
							E.L. EACH ACCIDENT \$ 1,000,000
D	Inland Marine			MXI9307982420602	12/09/2023	12/09/2024	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
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By Edgar P. Alba at 3:19 pm, Jan 11, 2024

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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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<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Pompano Beach 100 West Atlantic Blvd. Room 276 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 <i>Ran Khan</i> <SS>











