



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2019

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.

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.

PRODUCER: Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750
CONTACT NAME: Sandra Harrelson
PHONE: (407) 212-3559
E-MAIL ADDRESS: Sandra.Harrelson@ioausa.com
INSURER(S) AFFORDING COVERAGE: Covington Specialty Insurance Company, Commerce and Industry Insurance Company, Employers Insurance Company of Wausau

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Work performed by the named insured City of Pompano Beach is an additional insured with regards to General Liability.

APPROVED J. Smith
By Jamuti Smith at 12:17 pm, Jul 03, 2019

CERTIFICATE HOLDER: City of Pompano Beach Attn: Eddie Beecher PO Drawer 1300 Pompano, 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: [Signature]

Exhibit 6 - Updated Insurance

**APPROVED**

*Thorpe*

*By Danielle Thorpe at 8:32 am, Feb 26, 2020*



**FLORIDA AUTOMOBILE INSURANCE  
IDENTIFICATION CARD**

GEICO GENERAL INSURANCE COMPANY

**Policy Number/Florida Code No.    Effective Date**

4386-90-80-91/01288                      09-13-19

PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY  
 BODILY INJURY LIABILITY

**Named Insured:** Robert Mark Loring

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Vehicle ID No.</b>
2015	NISSAN	ROGUE	5N1AT2MT0FC882429

Phone Number: **1-800-841-3000**

INSURANCE IDENTIFICATION CARD - MISDEMEANOR  
U-4-FL (04-14)