## HARRELSONS

**CERTIFICATE OF LIABILITY INSURANCE** 

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. 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 Sandra Harrelson				
nsurance Office of America, Inc. 1855 West State Road 434	PHONE (A/C, No, Ext): (407) 212-3559 FAX (A/C, No):				
Longwood, FL 32750	E-MAIL ADDRESS: Sandra.Harrelson@ioausa.com				
	INSURER(S) AFFORDING COVERAGE				
	INSURER A: Covington Specialty Insurance Company	13027			
INSURED	INSURER B: Commerce and Industry Insurance Company	19410			
Bob Loring Enterprises Inc dba Pompano Golf Shop	INSURER C: Employers Insurance Company of Wausau	21458			
1101 N Federal Hwy	INSURER D:				
Pompano Beach, FL 33062	INSURER E :				
	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			ADDL			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY	INOD	WVD		(MINUSS/1111)	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		VBA705425	6/26/2019	6/26/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						COMBINED SINGLE LIMIT	\$	
	AUT	OMOBILE LIABILITY						(Ea accident)	\$	
		ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
	X	EXCESS LIAB CLAIMS-MADE			BE029608382	6/26/2019	6/26/2020	AGGREGATE	\$	1,000,000
		DED RETENTION\$							\$	
С	AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				WCV705381814 6/26/2019		X PER X OTH-			
			N/A			6/26/2019	6/26/2020	E.L. EACH ACCIDENT	\$	100,000
			N/A			E.L. DISEASE - EA EMPLOYEE	\$	100,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000

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.

APPRO	VED	4.01	netr	t	
By Jamuti	Smith at	12:17	pm,	Jul 03,	201

CERTIFICATE HOLDER	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.		
City of Pompano Beach Attn: Eddie Beecher PO Drawer 1300 Pompano, FL 33061	AUTHORIZED REPRESENTATIVE  The state of the		
A CORD 05 (004C/00)	© 4000 2045 ACODD CODDODATION All rights recommed		

## **Exhibit 6 - Updated Insurance**



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

[X]PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY (XIBODILY INJURY LIABILITY

Named Insured: Robert Mark Loring

Year 2015

Make NISSAN

Modet ROGUE Vehicle ID No. 5N1AT2MT0FC882429

Phone Number:1-800-841-3000

U-4-FL (04-14)