



WOMENIN

OP ID: CV

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/28/2017

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**  
Brown & Brown of Florida, Inc.  
1201 W Cypress Creek Rd # 130  
P.O. Box 5727  
Ft. Lauderdale, FL 33310-5727  
Clyde W. Wright II, CPCU, CIC

954-776-2222

**CONTACT NAME:** Clyde W. Wright II, CPCU, CIC

**PHONE (A/C, No, Ext):** 954-776-2222

**FAX (A/C, No):** 954-776-4446

**E-MAIL ADDRESS:**

**INSURED**  
Women In Distress of  
Broward County, Inc  
P. O. Box 50187  
Lighthouse Point, FL 33074

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Bridgefield Employers Ins. Co+	10701
INSURER B:	Philadelphia Indemnity Ins Co+	18058
INSURER C:		
INSURER D:		
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	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	PHPK1674150	06/30/2017	06/30/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1674150	06/30/2017	06/30/2018	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB589710	06/30/2017	06/30/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in AK) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	83042257	06/30/2017	06/30/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional			PHPK1674150	06/30/2017	06/30/2018	Each Claim \$ 1,000,000 Aggregate \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Pompano Beach is named as Additional Insured if required by written contract.

*WME*  
APPROVED  
RISK MANAGEMENT  
10/18/17

### CERTIFICATE HOLDER

### CANCELLATION

POMPANO

City of Pompano Beach  
Office of Housing & Urban  
Improvement  
100 West Atlantic Blvd, RM 220  
Pompano Beach, FL 33080

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

*WME*

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



WOMENIN

OP ID: CV

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**06/28/2017**

**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).**

<b>PRODUCER</b> Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd # 130 P.O. Box 5727 Ft. Lauderdale, FL 33310-5727 Clyde W. Wright II, CPCU, CIC	<b>954-776-2222</b>  <b>CONTACT NAME:</b> Clyde W. Wright II, CPCU, CIC <b>PHONE (A/C, No, Ext):</b> 954-776-2222 <b>FAX (A/C, No):</b> 954-776-4446 <b>E-MAIL ADDRESS:</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Ins Co+</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Ins Co+	18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Philadelphia Indemnity Ins Co+	18058														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> Women In Distress Broward County, Inc P. O. Box 50187 Lighthouse Point, FL 33074															

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N If yes, describe under DESCRIPTION OF OPERATIONS below    N/A						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Executive Risk Pkg</b>			PHSD1145536	06/30/2017	06/30/2018	<b>D&amp;O</b> <b>1,000,000</b> <b>EPL</b> <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES. (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**City of Pompano Beach is named as Additional Insured if required by written contract.**

<b>CERTIFICATE HOLDER</b>  <div style="text-align: center;"><b>POMPANO</b></div> City of Pompano Beach Office of Housing & Urban Improvement 100 West Atlantic Blvd, RM 220 Pompano Beach, FL 33060	<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 
--	--



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Not For Profit Corporation  
WOMEN IN DISTRESS OF BROWARD COUNTY, INC.

### Filing Information

<b>Document Number</b>	730261
<b>FEI/EIN Number</b>	59-1592524
<b>Date Filed</b>	07/23/1974
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	AMENDMENT
<b>Event Date Filed</b>	05/27/2015
<b>Event Effective Date</b>	NONE

### Principal Address

4700 NW 3RD AVENUE  
DEERFIELD BEACH, FL 33064

Changed: 03/10/2011

### Mailing Address

PO BOX 50187  
LIGHTHOUSE POINT, FL 33074

Changed: 01/13/2012

### Registered Agent Name & Address

RIEDEL, MARY CEO  
4700 NW 3RD AVENUE  
DEERFIELD BEACH, FL 33064

Name Changed: 05/02/2014

Address Changed: 03/10/2011

### Officer/Director Detail

#### **Name & Address**

Title 1ST VICE CHAIR/DIRECTOR

LEIKERT, KAREN  
PO BOX 50187  
LIGHTHOUSE POINT, FL 33074

Title TREASURER/DIRECTOR

KENNEDY, KRISTA  
PO BOX 50187  
LIGHTHOUSE POINT, FL 33074

Title SECRETARY/DIRECTOR

CHERVONY, ANNE  
PO BOX 50187  
LIGHTHOUSE POINT, FL 33074

Title CHAIR/DIRECTOR

THOMAS, PHYLLIS  
PO BOX 50187  
LIGHTHOUSE POINT, FL 33074

Title CEO/PRESIDENT

RIEDEL, MARY  
PO BOX 50187  
LIGHTHOUSE POINT, FL 33074

Title AT LARGE/DIRECTOR

GRACE, KATHLEEN A  
PO BOX 50187  
LIGHTHOUSE POINT, FL 33074

Title 2ND VICE CHAIR/DIRECTOR

FARVER, MICHAEL  
PO BOX 50187  
LIGHTHOUSE POINT, FL 33074

**Annual Reports**

Report Year	Filed Date
2015	01/07/2015
2016	01/14/2016
2017	02/09/2017

**Document Images**

<a href="#">02/09/2017 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/14/2016 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">11/25/2015 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/27/2015 -- Amendment</a>	View image in PDF format
<a href="#">01/07/2015 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">05/02/2014 -- AMENDED ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/10/2014 -- ANNUAL REPORT</a>	View image in PDF format

<a href="#">07/11/2013 -- AMENDED ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/26/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/05/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/13/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/10/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/07/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/07/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/07/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/03/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/31/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/09/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/26/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/23/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/29/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/05/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/27/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/17/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/15/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/01/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/13/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">11/08/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/04/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/10/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/27/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

Username

Forgot Username?

Password

Forgot Password?

Log In

Create an Account

# Entity Dashboard

[Entity Overview](#)

[Entity Registration](#)

- [Core Data](#)
- [Assertions](#)
- [Reps & Certs](#)
- [POCs](#)

[Exclusions](#)

- [Active Exclusions](#)
- [Inactive Exclusions](#)
- [Excluded Family Members](#)

[RETURN TO SEARCH](#)

## WOMEN IN DISTRESS OF BROWARD COUNTY, I

DUNS: 096089552 CAGE Code: 48554

Status: Active

4700 NW 3RD AVE

POMPANO BEACH, FL, 33064-2520,

UNITED STATES

Expiration Date: 04/26/2018

Purpose of Registration: Federal Assistance Awards Only

### Entity Overview

#### Entity Registration Summary

**Name:** WOMEN IN DISTRESS OF BROWARD COUNTY, INC.

**Business Type:** Business or Organization

**Last Updated By:** Karlene Chung

**Registration Status:** Active

**Activation Date:** 04/26/2017

**Expiration Date:** 04/26/2018

#### Exclusion Summary

Active Exclusion Records? No



IBM v1.P.6.20171006-1123  
WWWS

[Search Records](#)  
[Data Access](#)  
[Check Status](#)  
[About](#)  
[Help](#)

[Disclaimers](#)  
[Accessibility](#)  
[Privacy Policy](#)

[FAPIIS.gov](#)  
[GSA.gov/IAE](#)  
[GSA.gov](#)  
[USA.gov](#)

This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.