



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/8/2016

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> Caltrop Risk and Insurance Services 9337 Milliken Ave. Lic. #0F37595 Rancho Cucamonga CA 91730		<b>CONTACT</b> NAME: James Bukowski PHONE (A/C No. Ext.): (909) 931-9331 FAX (A/C No.): (909) 931-0061 E-MAIL ADDRESS: jbukowski@caltrop.com	
<b>INSURED</b> CALDROP Corporation 9337 Milliken Avenue Rancho Cucamonga CA 91730		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Starr Indemnity & Liab. A:XIV NAIC # 38318 INSURER B: RSUI Indemnity Company A+:XIV 22314 INSURER C: Starr Surplus Lines Ins. A:XV 13604 INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CALDROP 10/6/2015

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> Y	1000025440151	10/6/2015	10/6/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> \$25,000 deductible					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Contractual Liab. & XCU					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
						Per Project Aggregate \$ 2,000,000
B	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO		NHA238678	10/6/2015	10/6/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	\$5M excess auto policy			BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	over primary \$1M policy			BODILY INJURY (Per accident) \$
	<input type="checkbox"/> Excess policy					PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	\$10M Excess of GL/EL			EACH OCCURRENCE \$ 10,000,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000	<input checked="" type="checkbox"/> Y	NHA238677-follow form	10/6/2015	10/6/2016	Follow Form \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
C	Professional Liability	<input checked="" type="checkbox"/> X	SLSLPRO-262115-15	10/6/2015	10/6/2016	E.L. DISEASE - EA EMPLOYEE \$
	retro date: 3/19/1993					E.L. DISEASE - POLICY LIMIT \$
						Per claim \$10,000,000
						Aggregate \$10,000,000

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

The City of Pompano Beach, FL and any parties required by written agreement are included as additional insureds for ongoing and completed operations on a primary and non-contributory basis for general liability and auto liability. Excess liability follows form over general liability, automobile liability and employer's liability. A waiver of subrogation applies to all policies in favor of the additional insured. 30 days notice of cancellation, except for non-pay then 10 days.

**CERTIFICATE HOLDER****CANCELLATION**

(954) 545-7046 Kerone.Grant@copbfl.com City of Pompano Beach Utilities Administration attn: Kerone Grant 1205 NE 5th Avenue Pompano Beach, FL 33060	APPROVED RISK MANAGEMENT DATE: 7/12/16 C. Lawrence	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 James Bukowski/JIM
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ACORD 25 (2010/05)

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INS025 (2010/05)

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# CERTIFICATE OF LIABILITY INSURANCE

CALT-COR-01

JWAITE

DATE (MM/DD/YYYY)

7/8/2016

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PRODUCER License # 0D28764  
Orion Risk Management Insurance Services, Inc.  
1800 Quail Street, Suite 110  
Newport Beach, CA 92660

## CONTACT

NAME:

PHONE (A/C, No, Ext): (949) 263-8850

FAX

(A/C, No): (949) 263-8860

E-MAIL

ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Employers Insurance Company of Wausau 21458

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

Caltrop Corporation  
9337 Milliken Ave.  
Rancho Cucamonga, CA 91730

## 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
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		X WCC291444444026	03/14/2016	03/14/2017	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y <input type="checkbox"/> N/A <input type="checkbox"/>					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Waiver of subrogation applies regarding the WC policy when required by written contract per the attached endorsement.

## CERTIFICATE HOLDER

## CANCELLATION

City of Pompano Beach  
Attn: Kerone Grant  
Department Head Secretary - Utilities Administration  
1205 NE 5th Ave.  
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

*Jessica Waite*

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**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT -  
CALIFORNIA**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2.0% of the California workers' compensation premium otherwise due on such remuneration.

**Schedule**

Additional premium is a percent of the California Manual Workers Compensation premium. Subject to a minimum premium charge of \$ 250 per policy.

Person or Organization  
Where required by contract or  
written agreement prior to loss and  
allowed by law

Job Description  
All operations of the Named Insured

Issued by   Employers Insurance Company of Wausau 15555

For attachment to Policy No. WCC-Z91-444444-026

Effective Date

Premium \$

Issued to   Caltrop Corporation