

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/02/2017

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 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> <b>Bateman, Gordon &amp; Sands, Inc.</b> <b>3050 N Federal Hwy</b> <b>Lighthouse Point, FL 33064</b> <b>954 941-0900</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 954 941-0900</b> <b>FAX (A/C, No): 954 941-2006</b> <b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : Nautilus Insurance Co/Hull &amp; Co</b>	
<b>INSURED</b> <b>Hillsboro Lighthouse Preservation Society Inc.</b> <b>P.O. Box 610326</b> <b>Pompano Beach, FL 33061</b>		<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

## 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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input checked="" type="checkbox"/> <b>BI/PD Ded:500</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>			<b>NN745583</b>	<b>12/01/2016</b>	<b>12/01/2017</b>	<b>EACH OCCURRENCE \$1,000,000</b> <b>DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000</b> <b>MED EXP (Any one person) \$5,000</b> <b>PERSONAL &amp; ADV INJURY \$1,000,000</b> <b>GENERAL AGGREGATE \$1,000,000</b> <b>PRODUCTS - COMP/OP AGG \$1,000,000</b> <b>\$</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>						<b>COMBINED SINGLE LIMIT (Ea accident) \$</b> <b>BODILY INJURY (Per person) \$</b> <b>BODILY INJURY (Per accident) \$</b> <b>PROPERTY DAMAGE (Per accident) \$</b> <b>\$</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						<b>EACH OCCURRENCE \$</b> <b>AGGREGATE \$</b> <b>\$</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b> <input type="checkbox"/> <b>Y/N</b> <b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>			<b>N/A</b>			<b>WC STATU-TORY LIMITS</b> <input type="checkbox"/> <b>OTH-ER</b> <input type="checkbox"/> <b>E.L. EACH ACCIDENT \$</b> <b>E.L. DISEASE - EA EMPLOYEE \$</b> <b>E.L. DISEASE - POLICY LIMIT \$</b>

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

Certificate holder is listed as an additional insured on General Liability coverage only as their interest may appear when required by written contract. (AI Mgr or Lessors of Premises)

**APPROVED** *C. Lawrence*  
 By Cindy Lawrence at 8:35 am, Feb 03, 2017

## CERTIFICATE HOLDER

## CANCELLATION

<b>City of Pompano Beach</b> <b>100 W. Atlantic Blvd.</b> <b>Pompano Beach, FL 33060</b>	<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.</b>
	<b>AUTHORIZED REPRESENTATIVE</b>