

Exhibit 2

Insurance - Pompano Eagles Booster Club - 2016

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 6/10/2016																
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).)																				
PRODUCER PF INSURANCE 164 NORTH POWERLINE ROAD POMPANO BEACH FL 33069 (954)973-3038 (954)972-2129			CONTACT NAME: P.F. INSURANCE & FINANCIAL SEF PHONE: _____ FAX: _____ E-MAIL: ELIZABETH@PUSHINC.NET ADDRESS: _____																	
INSURED POMPANO EAGLES BOOSTER CLUB 1830 NW 2ND AVE POMPANO BEACH, FL 33060			INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED NATIONAL INSURANCE INSURER B: _____ 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.																				
<table border="1"> <thead> <tr> <th>TYPE OF INSURANCE</th> <th>POLICY NUMBER</th> <th>POLICY EFF. DATE (MM/DD/YYYY)</th> <th>POLICY EXP. DATE (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td> ☒ GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO. ☐ LOC AUTOMOBILE LIABILITY ANY AUTO ALLOWED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED. RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) YES describe upon DESCRIPTION OF OPERATIONS below </td> <td>HM-0504005515-00</td> <td>05/11/2016</td> <td>05/11/2017</td> <td> EACH OCCURRENCE \$300,000 DAMAGE TO TREATED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$300,000 GENERAL AGGREGATE \$600,000 PRODUCTS - COMPROP AGG \$ INCLUDED COMBINED SINGLE CLAY (A.B. ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ TWO STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ </td> </tr> <tr> <td colspan="5"> DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) THIS IS AN ADDITIONAL INSURED CONSSSESSION STAND CITY OF POMPANO BEACH 100 W ATLANTIC BLVD POMPANO BEACH, FL 33060 </td> </tr> </tbody> </table>						TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS	☒ GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO. ☐ LOC AUTOMOBILE LIABILITY ANY AUTO ALLOWED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED. RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) YES describe upon DESCRIPTION OF OPERATIONS below	HM-0504005515-00	05/11/2016	05/11/2017	EACH OCCURRENCE \$300,000 DAMAGE TO TREATED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$300,000 GENERAL AGGREGATE \$600,000 PRODUCTS - COMPROP AGG \$ INCLUDED COMBINED SINGLE CLAY (A.B. ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ TWO STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) THIS IS AN ADDITIONAL INSURED CONSSSESSION STAND CITY OF POMPANO BEACH 100 W ATLANTIC BLVD POMPANO BEACH, FL 33060				
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CERTIFICATE HOLDER			CANCELLATION																	
CITY OF POMPANO BEACH 100 W ATLANTIC BLVD 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:																	
APPROVED RISK MANAGEMENT ON: 6/10/16 BY:																				

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GEICO FLORIDA AUTOMOBILE INSURANCE
geico.com IDENTIFICATION CARD
GEICO INDEMNITY COMPANY

Policy Number/Florida Code No. Effective Date
4353-52-72-54/09170 12-05-15

[X] PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY
[] BODILY INJURY LIABILITY

Named Insured: Anthoin Smith

Year Make	Model	Vehicle ID No.
2008 GMC YUKON		1GKFK638X8J194796

Phone Number: 1-800-841-3000

Not valid more than one year from effective date.