WILLI-4

OP ID: SP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/05/2020

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). 561-852-1445 CONTACT Josh Beer Keystone Insurance Group 21301 Powerline Rd. Ste 312 Boca Raton, FL 33433 FAX (A/C, No): 561-483-9982 PHONE (A/C, No, Ext): 561-852-1445 ADDRESS: Josh Beer INSURER(S) AFFORDING COVERAGE NAIC II 16427 INSURER A: Ategrity Specialty Ins Co INSURED William Savarese Inc 761 NE 8th St INSURER B : INSURER C : Pompano Beach, FL 33060 INSURER D INSURER E INSURER F COVERAGES CERTIFICATE 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. REVISION NUMBER: ADDL SUBR LIR TYPE OF INSURANCE POLICY EFF POLICY EXP POLICY NUMBER A X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E8 OCCUR CLAIMS-MADE X OCCUR X 01-C-PK-P20003646-0 05/11/2020 05/11/2021 100,000 X X CONTRACTUAL 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE POLICY PRO-2,000,000 PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE S EXCESS LIAB CLAIMS-MADE AGGREGATE 5 DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | 5 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THE CITY OF POMPANO BEACH IS NAMED AS ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY AS PER WRITTEN CONTRACT. WAIVER OF SUBROGATION IS A 30 DAY WRITTEN NOTICE WILL BE AFFORDED IN THE EVENT OF POLICY CANCELLATION OR MATERIAL CHANGE IN THE POLICY. APPROVED By Cindy Lawrence at 4:28 pm, Nov 10, 2020 CERTIFICATE HOLDER CANCELLATION CITYPOM 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 100W ATLANTIC BLVD POMPANO BEACH, FL 33060 **AUTHORIZED REPRESENTATIVE** John Bun

ACORD 25 (2016/03)

ACORD

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PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVESION OF WORKERS' COMPENSATIO IMPORTANT Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or 10 CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW compensation under this chapter !D Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. EFFECTIVE DATE: 9/17/2019 EXPIRATION DATE: 9/16/2021 PERSON: WILLIAM G SAVARESE EMAIL: BILLSAVAREBEGYAHOO COM H 650886748 Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section įΕ **BUSINESS NAME AND ADDRESS** WILLIAM SAVARESE, INC. R E 761 NE 8 STREET POMPANO BEACH, FL 33050 SCOPE OF BUSINESS OR TRADE: E01049931

APPROVED

By Cindy Lawrence at 4:31 pm, Nov 10, 2020

GEICO, FLORIDA AUTOMOBILE INSURANCE geico.com IDENTIFICATION CARD GEICO GENERAL INSURANCE COMPANY

Policy Number/Florida Code No. Effective Date

0417-09-74-09/01288 09-11-20

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

Named Insured: William G Savarese

Irene H Savarese

Year Make Mode 2015 HONDA CR-V LX Model

Vehicle ID No. 2HKRM3H33FH546914

Phone Number: 1-800-841-3000

Not valid more than one year from effective date.