

Client#: 25320

KIMLHORN

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/03/2016

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><br>Grayling Ins. Brokerage/EPIC<br>3780 Mansell Road, Suite 370<br>Alpharetta, GA 30022<br>877 908-5619 | <table border="1"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Jerry Noyola</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 770-552-4225</td> <td><b>FAX (A/C, No):</b> 866-550-4082</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> Jerry.noyola@grayling.com</td> </tr> <tr> <td colspan="2"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> National Union Fire Ins. Co.</td> <td><b>NAIC #</b> 19445</td> </tr> <tr> <td><b>INSURER B:</b> Commerce &amp; Industry Ins. Co.</td> <td><b>NAIC #</b> 19410</td> </tr> <tr> <td><b>INSURER C:</b> New Hampshire Ins. Co.</td> <td><b>NAIC #</b> 23841</td> </tr> <tr> <td><b>INSURER D:</b> Lloyds of London</td> <td><b>NAIC #</b> 085202</td> </tr> <tr> <td colspan="2"><b>INSURER E:</b></td> </tr> <tr> <td colspan="2"><b>INSURER F:</b></td> </tr> </table> | <b>CONTACT NAME:</b> Jerry Noyola |  | <b>PHONE (A/C, No, Ext):</b> 770-552-4225 | <b>FAX (A/C, No):</b> 866-550-4082 | <b>E-MAIL ADDRESS:</b> Jerry.noyola@grayling.com |  | <b>INSURER(S) AFFORDING COVERAGE</b> |  | <b>INSURER A:</b> National Union Fire Ins. Co. | <b>NAIC #</b> 19445 | <b>INSURER B:</b> Commerce & Industry Ins. Co. | <b>NAIC #</b> 19410 | <b>INSURER C:</b> New Hampshire Ins. Co. | <b>NAIC #</b> 23841 | <b>INSURER D:</b> Lloyds of London | <b>NAIC #</b> 085202 | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| <b>CONTACT NAME:</b> Jerry Noyola   |  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>PHONE (A/C, No, Ext):</b> 770-552-4225   | <b>FAX (A/C, No):</b> 866-550-4082   |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>E-MAIL ADDRESS:</b> Jerry.noyola@grayling.com  |  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>INSURER A:</b> National Union Fire Ins. Co.  | <b>NAIC #</b> 19445  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>INSURER B:</b> Commerce & Industry Ins. Co.  | <b>NAIC #</b> 19410  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>INSURER C:</b> New Hampshire Ins. Co.  | <b>NAIC #</b> 23841  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>INSURER D:</b> Lloyds of London  | <b>NAIC #</b> 085202   |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>INSURER E:</b>   |  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>INSURER F:</b>   |  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |
| <b>INSURED</b><br>Kimley-Horn and Associates, Inc.<br>P.O. Box 33068<br>Raleigh, NC 27636                               |  |                                   |  |   |                                    |  |  |                                      |  |  |                     |  |                     |  |                     |                                    |                      |                   |  |                   |  |

| COVERAGES   |  | CERTIFICATE NUMBER: 16-17 |                | 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   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab.<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: |                           | 5268169        | 04/01/2016              | 04/01/2017              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000<br>MED EXP (Any one person) \$25,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMPROP AGG \$ |
| A   | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS   |                           | 4489863        | 04/01/2016              | 04/01/2017              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B   | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000  |                           | BE013778306    | 04/01/2016              | 04/01/2017              | EACH OCCURRENCE \$5,000,000<br>AGGREGATE \$5,000,000<br>\$   |
| C   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A                       | 15893685 (AOS) | 04/01/2016              | 04/01/2017              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                      |
| A   |  |                           | 15893686 (CA)  | 04/01/2016              | 04/01/2017              |  |
| D   | Professional Liab  |                           | P070831600     | 04/01/2016              | 04/01/2017              | Per Claim \$2,000,000<br>Aggregate \$2,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: Transportation & Engineering Services for Various City Projects; Marwan Mufleh. The City of Pompano Beach is named as an Additional Insured with respects to General Liability where required by written contract. Should any of the above described policies be cancelled by the issuing insurer before the expiration date thereof, 30 days' written notice (except 10 days for nonpayment of premium) will be provided to the Certificate Holder.

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br>City of Pompano Beach<br>Risk Manager<br>P.O. Box 1300<br>Pompano Beach, FL 33061<br>11-21-16<br>APPROVED<br>RISK MANAGEMENT<br>ON:<br>BY: <i>JFM</i> | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE <i>[Signature]</i> |
|--|---|



# CERTIFICATE OF LIABILITY INSURANCE

6/1/2017

DATE (MM/DD/YYYY)  
12/19/2016

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 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  
Lockton Companies  
444 W. 47th Street, Suite 900  
Kansas City MO 64112-1906  
(816) 960-9000

CONTACT  
NAME:  
PHONE  
(A/C, No, Ext): FAX  
(A/C, No):  
E-MAIL  
ADDRESS:

INSURED  
1013472 HDR ENGINEERING INC  
8408 INDIAN HILLS DR  
OMAHA NE 68114

| INSURER(S) AFFORDING COVERAGE                         | NAIC # |
|---|--------|
| INSURER A : Hartford Fire Insurance Company           | 19682  |
| INSURER B : Travelers Property Casualty Co of America | 25674  |
| INSURER C : American Zurich Insurance Company         | 40142  |
| INSURER D : Lexington Insurance Company               | 19437  |
| INSURER E :   |        |
| INSURER F :   |        |

**COVERAGES**

CERTIFICATE NUMBER: 14426380

REVISION NUMBER: XXXXXXXX

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   |
|-------------|--|-----------|----------|---|----------------------------------|----------------------------------|--|
| A           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CONTRACTUAL LIAB INC<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         | Y        | 37CSEQU0950   | 6/1/2016                         | 6/1/2017                         | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000<br>\$ |
| A<br>A<br>A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | Y         | Y        | 37CSEQU0951 (AOS)<br>37CSEQU0952 (HI)<br>37CSEQU1160 (MA) | 6/1/2016<br>6/1/2016<br>6/1/2016 | 6/1/2017<br>6/1/2017<br>6/1/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX<br>\$ XXXXXXXX  |
| B<br>B      | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br>DED RETENTION \$   | N         | N        | ZUP-10R64084-16-NF<br>(EXCLUDES PROF LIAB)                | 6/1/2016<br>6/1/2016             | 6/1/2017<br>6/1/2017             | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$ XXXXXXXX  |
| C           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | N/A      | 0381127   | 7/1/2016                         | 7/1/2017                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| D           | ARCHS & ENGS PROFESSIONAL LIABILITY  | N         | N        | 061853691   | 6/1/2016                         | 6/1/2017                         | PER CLAIM: \$1,000,000<br>AGGREGATE: \$1,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
CITY OF POMPANO BEACH CONTINUING CONTRACT FOR ENGINEERING SERVICES FOR PROFESSIONAL ENGINEERING AND CONSULTING SERVICES FOR THE MUNICIPAL AIR PARK. THE CITY OF POMPANO BEACH IS NAMED AS AN ADDITIONAL INSURED ON GENERAL AND AUTO LIABILITY AS PER WRITTEN CONTRACT, ON A PRIMARY, NON-CONTRIBUTORY BASIS. WAIVER OF SUBROGATION APPLIES WHERE ALLOWABLE BY LAW. 30 DAYS NOTICE OF CANCELLATION APPLIES, 10 DAYS NOTICE FOR NON-PAYMENT OF PREMIUM.

**CERTIFICATE HOLDER**

14426380  
CITY OF POMPANO BEACH  
ATTN: MISSY STANLEY  
POST OFFICE DAWER 1300  
POMPANO BEACH FL 33061

APPROVED  
RISK MANAGEMENT  
ON: 12-19-16  
BY: *JM*

**CANCELLATION**

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

*Joseph M. Amello*