

Client# 25320

KIMLHORN

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/25/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

Greyling Ins. Brokerage/EPIC  
3780 Mansell Road, Suite 370  
Alpharetta, GA 30022

## CONTACT

NAME: Jerry Noyola

PHONE (A/C, No, Ext): 770-552-4225

FAX (A/C, No): 866-550-4082

E-MAIL ADDRESS: jerry.noyola@greyling.com

## INSURER(S) AFFORDING COVERAGE

## NAIC #

INSURER A : National Union Fire Ins. Co.

19445

INSURER B : Aspen American Insurance Company

43460

INSURER C : New Hampshire Ins. Co.

23841

INSURER D : Lloyds of London

085202

INSURER E :

INSURER F :

## INSURED

Kimley-Horn and Associates, Inc.  
421 Fayetteville Street, Suite 600  
Raleigh, NC 27601

## COVERAGES

CERTIFICATE NUMBER: 18-19

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.

NSR CTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			5268169	04/01/2018	04/01/2019	EACH OCCURRENCE \$1 000 000
	<input checked="" type="checkbox"/> CLAIMS-MADE						DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$25 000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT						PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> POLICY PROJECT						GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> OTHER:						PRODUCTS - COMP/OP AGG \$2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			4489663	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CX005FT18	04/01/2018	04/01/2019	EACH OCCURRENCE \$5 000 000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$5 000 000
	<input type="checkbox"/> DED						\$
	<input checked="" type="checkbox"/> RETENTION \$0						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			015893685 (AOS)	04/01/2018	04/01/2019	PER EMPLOYEE \$
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			015893686 (CA)	04/01/2018	04/01/2019	E.L. EACH ACCIDENT \$1 000 000
C	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			039326820 (ME)	04/01/2018	04/01/2019	E.L. DISEASE - EA EMPLOYEE \$1 000 000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Liab			P070831800	04/01/2018	04/01/2019	Per Claim \$2,000,000 Aggregate \$2,000,000

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

Re: Job #0409850xx; Professional Engineering & Related Services for 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.


## CERTIFICATE HOLDER

City of Pompano Beach  
Risk Manager  
1201 NE 5th Avenue  
Pompano Beach, FL 33060-0000

## 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



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