



PROSE-1

OP ID: BC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/24/2019

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
TCC Associates, Inc.
PO Box 11975
Fort Lauderdale, FL 33339-1975
Thomas C Cundy, Jr.

954-565-1117

CONTACT NAME: Thomas C Cundy, Jr.

PHONE (A/C, No, Ext): 954-565-1117

FAX (A/C, No): 954-565-1131

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Evanston Insurance Co

03759

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED Proserve Concepts, Inc.
c/o Eddie Sposa
814 SW 10th Street
Ft. Lauderdale, FL 33315

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		3AA321091	01/28/2019	01/28/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ Included COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					

APPROVED

By John Mealer at 9:45 am, Jan 28, 2019

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

Events - Excluding Injury to Athletic Participants
Abuse and Molestation coverage Included with limits of \$100,000 / \$200,000.
City of Pompano Beach is included as an additional insured with respect to General Liability coverage per form MEGL0009 0516.

CERTIFICATE HOLDER

CANCELLATION

CITYPOM

City of Pompano Beach
100 West 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

By John Mealer at 9:47 am, Jan 28, 2019

M. MARIN INC
4147 N DIXIE HWY
FT LAUDERDALE, FL 33334

Named insured

PRO SERVE TENNIS ACADEMY
LLC
601 NE 42ND ST
OAKLAND PARK, FL 33334

PROGRESSIVE
COMMERCIAL

Policy number: 02834676-3

Underwritten by:
Progressive Express Ins Company
January 15, 2019
Policy Period: Jan 12, 2019 - Jan 12, 2020
Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print
policy documents, or check the status of a
claim.

1-954-537-9200

M. MARIN INC

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is
unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

Your coverage began on January 12, 2019 at 12:01 a.m. This policy expires on January 12, 2020 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 1652FL (08/12), 4757FL (01/13), 1198 (01/04), 4852FL (10/04), 4881FL (01/13) and 2228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,805
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		
Basic Personal Injury Protection			198
With Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		33
Subtotal policy premium			\$2,036
Fees			40
Total 12 month policy premium and fees			\$2,076
Discount if paid in full			-347
Total 12 month policy premium if paid in full			\$1,729

Rated driver

1. CHARLES BOLENDER JR

Auto coverage schedule

1. 2012 Ford Econo/Club Wgn

VIN: 1FBSS3BL4CDA75538

Garaging Zip Code: 33334

Radius: 50

Liability Premium	Liability	PIP	Med Pay	Auto Total
	\$1,805	\$198	\$33	\$2,036

Premium discounts

Policy

02834676-3

Business Experience

Vehicle

2012 Ford Econo/Club Wgn

Anti-Lock Brakes and Air Bag

Additional Insured information

1. Additional Insured

PRO SERVE CONCEPTS INC

814 SW 10TH ST FT LAUDERDALE, FL 33315

2. Additional Insured

CITY OF POMPANO BEACH

100 W ATLANTIC BLVD POMPANO BEACH, FL 33060

Agent signature



Company officers



Secretary



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 1/25/2019

EXPIRATION DATE: 1/24/2021

PERSON: EDWARD V SPOSA

EMAIL: MISPOSA@COMCAST.NET

FEIN: 202352542

BUSINESS NAME AND ADDRESS:

PROSERVE CONCEPTS, INC.

APPROVED

By John Mealer at 9:51 am, Jan 28, 2019

814 SW 10 STREET

FORT LAUDERDALE, FL 33315

SCOPE OF BUSINESS OR TRADE:

Athletic Sports or Park:
Noncontact Sports

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 compensation under this chapter. 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. 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.



City of Pompano Beach
Parks, Recreation and Cultural Arts Department
WAIVER AND RELEASE

STATE OF FLORIDA
COUNTY OF BROWARD

APPROVED

By John Mealer at 9:52 am, Jan 28, 2019

ACTIVITY: TENNIS INSTRUCTION

BEFORE ME, this day, the undersigned authority, personally appeared _____ who first being duly sworn deposes and says:

1. CHRISTOPHE JEAN participating in TENNIS INSTRUCTION ("RELEASEE") activity.

2. I, the undersigned, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF POMPANO BEACH, its employees, Commissioners, officers and agents for purposes herein referred to as "RELEASEE", for BODILY INJURY, DEATH OR PROPERTY DAMAGE AND WAIVE ANY AND ALL CLAIMS that the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin may have as a result of bodily injury, death or property damage due to the negligence of RELEASEE

3. The undersigned expressly ACKNOWLEDGES, UNDERSTANDS AND AGREES that the activities involved in the TENNIS INSTRUCTION involve the risk of injury and/or death and/or property damage. Accordingly, the undersigned ACKNOWLEDGES that the City of Pompano Beach and/or its OFFICERS, COMMISSIONERS, EMPLOYEES OR AGENTS, all for the purposes herein referred to as "RELEASEE", are not responsible for any injury, death or property damage sustained while participating in the City of Pompano Beach's activities. The undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE, RELEASEE from any and all liability to the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands therefore whether caused by negligence of RELEASEE or otherwise while the above-named is participating in the above-referenced program.

4. In the event that the above-named PARTICIPANT sustains physical injury while participating in the above-referenced program, I hereby authorize and request that said PARTICIPANT receive emergency treatment from the City of Pompano Beach's attending physician or from any individual or individuals licensed by the State of Florida as a Medical Service Unit as well as any hospital in the State of Florida.

5. The UNDERSIGNED further expressly agrees that the foregoing AGREEMENT, WAIVER AND RELEASE is intended to be as broad and inclusive as is permitted by the laws of this State and County and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

6. THE UNDERSIGNED HAS READ AND VOLUNTARILY signs this AGREEMENT, WAIVER AND RELEASE and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature Christophe Jean Date 1/24/19 Print Name CHRISTOPHE JEAN



City of Pompano Beach
Parks, Recreation and Cultural Arts Department
WAIVER AND RELEASE

STATE OF FLORIDA
COUNTY OF BROWARD

APPROVED

By John Mealer at 9:53 am, Jan 28, 2019

ACTIVITY: TENNIS INSTRUCTION

BEFORE ME, this day, the undersigned authority, personally appeared _____ who first being duly sworn deposes and says:

1. LARRY GOTTFRIED participating in TENNIS INSTRUCTION ("RELEASEE") activity.

2. I, the undersigned, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF POMPAÑO BEACH, its employees, Commissioners, officers and agents for purposes herein referred to as "RELEASEE", for BODILY INJURY, DEATH OR PROPERTY DAMAGE AND WAIVE ANY AND ALL CLAIMS that the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin may have as a result of bodily injury, death or property damage due to the negligence of RELEASEE

3. The undersigned expressly ACKNOWLEDGES, UNDERSTANDS AND AGREES that the activities involved in the TENNIS INSTRUCTION involve the risk of injury and/or death and/or property damage. Accordingly, the undersigned ACKNOWLEDGES that the City of Pompano Beach and/or its OFFICERS, COMMISSIONERS, EMPLOYEES OR AGENTS, all for the purposes herein referred to as "RELEASEE", are not responsible for any injury, death or property damage sustained while participating in the City of Pompano Beach's activities. The undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE, RELEASEE from any and all liability to the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands therefore whether caused by negligence of RELEASEE or otherwise while the above-named is participating in the above-referenced program.

4. In the event that the above-named PARTICIPANT sustains physical injury while participating in the above-referenced program, I hereby authorize and request that said PARTICIPANT receive emergency treatment from the City of Pompano Beach's attending physician or from any individual or individuals licensed by the State of Florida as a Medical Service Unit as well as any hospital in the State of Florida.

5. The UNDERSIGNED further expressly agrees that the foregoing AGREEMENT, WAIVER AND RELEASE is intended to be as broad and inclusive as is permitted by the laws of this State and County and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

6. THE UNDERSIGNED HAS READ AND VOLUNTARILY signs this AGREEMENT, WAIVER AND RELEASE and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Larry Gottfried
Signature

1/27/19
Date

LARRY GOTTFRIED
Print Name



City of Pompano Beach
Parks, Recreation and Cultural Arts Department
WAIVER AND RELEASE

STATE OF FLORIDA
COUNTY OF BROWARD

APPROVED

By John Mealer at 9:55 am, Jan 28, 2019

ACTIVITY: TENNIS INSTRUCTION

BEFORE ME, this day, the undersigned authority, personally appeared _____ who first being duly sworn deposes and says:

1. JOHN STEINMANN, participating in TENNIS INSTRUCTION ("RELEASEE") activity.

2. I, the undersigned, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF POMPAÑO BEACH, its employees, Commissioners, officers and agents for purposes herein referred to as "RELEASEE", for BODILY INJURY, DEATH OR PROPERTY DAMAGE AND WAIVE ANY AND ALL CLAIMS that the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin may have as a result of bodily injury, death or property damage due to the negligence of RELEASEE

3. The undersigned expressly ACKNOWLEDGES, UNDERSTANDS AND AGREES that the activities involved in the TENNIS INSTRUCTION involve the risk of injury and/or death and/or property damage. Accordingly, the undersigned ACKNOWLEDGES that the City of Pompano Beach and/or its OFFICERS, COMMISSIONERS, EMPLOYEES OR AGENTS, all for the purposes herein referred to as "RELEASEE", are not responsible for any injury, death or property damage sustained while participating in the City of Pompano Beach's activities. The undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE, RELEASEE from any and all liability to the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands therefore whether caused by negligence of RELEASEE or otherwise while the above-named is participating in the above-referenced program.

4. In the event that the above-named PARTICIPANT sustains physical injury while participating in the above-referenced program, I hereby authorize and request that said PARTICIPANT receive emergency treatment from the City of Pompano Beach's attending physician or from any individual or individuals licensed by the State of Florida as a Medical Service Unit as well as any hospital in the State of Florida.

5. The UNDERSIGNED further expressly agrees that the foregoing AGREEMENT, WAIVER AND RELEASE is intended to be as broad and inclusive as is permitted by the laws of this State and County and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

6. THE UNDERSIGNED HAS READ AND VOLUNTARILY signs this AGREEMENT, WAIVER AND RELEASE and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

[Signature] 1-23-19 JOHN F STEINMANN
Signature Date Print Name



City of Pompano Beach
Parks, Recreation and Cultural Arts Department
WAIVER AND RELEASE

STATE OF FLORIDA
COUNTY OF BROWARD

APPROVED

By John Mealer at 9:56 am, Jan 28, 2019

ACTIVITY: TENNIS INSTRUCTION

BEFORE ME, this day, the undersigned authority, personally appeared _____ who first being duly sworn deposes and says:

1. Dorothy Zerbst participating in TENNIS INSTRUCTION ("RELEASEE") activity.

2. I, the undersigned, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF POMPANO BEACH, its employees, Commissioners, officers and agents for purposes herein referred to as "RELEASEE", for BODILY INJURY, DEATH OR PROPERTY DAMAGE AND WAIVE ANY AND ALL CLAIMS that the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin may have as a result of bodily injury, death or property damage due to the negligence of RELEASEE

3. The undersigned expressly ACKNOWLEDGES, UNDERSTANDS AND AGREES that the activities involved in the TENNIS INSTRUCTION involve the risk of injury and/or death and/or property damage. Accordingly, the undersigned ACKNOWLEDGES that the City of Pompano Beach and/or its OFFICERS, COMMISSIONERS, EMPLOYEES OR AGENTS, all for the purposes herein referred to as "RELEASEE", are not responsible for any injury, death or property damage sustained while participating in the City of Pompano Beach's activities. The undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE, RELEASEE from any and all liability to the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands therefore whether caused by negligence of RELEASEE or otherwise while the above-named is participating in the above-referenced program.

4. In the event that the above-named PARTICIPANT sustains physical injury while participating in the above-referenced program, I hereby authorize and request that said PARTICIPANT receive emergency treatment from the City of Pompano Beach's attending physician or from any individual or individuals licensed by the State of Florida as a Medical Service Unit as well as any hospital in the State of Florida.

5. The UNDERSIGNED further expressly agrees that the foregoing AGREEMENT, WAIVER AND RELEASE is intended to be as broad and inclusive as is permitted by the laws of this State and County and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

6. THE UNDERSIGNED HAS READ AND VOLUNTARILY signs this AGREEMENT, WAIVER AND RELEASE and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

[Signature]
Signature

1/23/2019
Date

Dorothy Zerbst
Print Name



City of Pompano Beach
Parks, Recreation and Cultural Arts Department

WAIVER AND

APPROVED

By John Mealer at 9:58 am, Jan 28, 2019

STATE OF FLORIDA
COUNTY OF BROWARD

ACTIVITY: TENNIS INSTRUCTION

BEFORE ME, this day, the undersigned authority, personally appeared _____ who first being duly sworn deposes and says:

1. CHARLES BOLENDER participating in TENNIS INSTRUCTION ("RELEASEE") activity.

2. I, the undersigned, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF POMPANO BEACH, its employees, Commissioners, officers and agents for purposes herein referred to as "RELEASEE", for BODILY INJURY, DEATH OR PROPERTY DAMAGE AND WAIVE ANY AND ALL CLAIMS that the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin may have as a result of bodily injury, death or property damage due to the negligence of RELEASEE

3. The undersigned expressly ACKNOWLEDGES, UNDERSTANDS AND AGREES that the activities involved in the TENNIS INSTRUCTION involve the risk of injury and/or death and/or property damage. Accordingly, the undersigned ACKNOWLEDGES that the City of Pompano Beach and/or its OFFICERS, COMMISSIONERS, EMPLOYEES OR AGENTS, all for the purposes herein referred to as "RELEASEE", are not responsible for any injury, death or property damage sustained while participating in the City of Pompano Beach's activities. The undersigned HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE, RELEASEE from any and all liability to the above-named PARTICIPANT, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands therefore whether caused by negligence of RELEASEE or otherwise while the above-named is participating in the above-referenced program.

4. In the event that the above-named PARTICIPANT sustains physical injury while participating in the above-referenced program, I hereby authorize and request that said PARTICIPANT receive emergency treatment from the City of Pompano Beach's attending physician or from any individual or individuals licensed by the State of Florida as a Medical Service Unit as well as any hospital in the State of Florida.

5. The UNDERSIGNED further expressly agrees that the foregoing AGREEMENT, WAIVER AND RELEASE is intended to be as broad and inclusive as is permitted by the laws of this State and County and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

6. THE UNDERSIGNED HAS READ AND VOLUNTARILY signs this AGREEMENT, WAIVER AND RELEASE and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

CEP 1-23-19
Signature Date

CHARLES L. BOLENDER JR.
Print Name