

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/05/2019

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

<b>PRODUCER</b> <b>Greyling Ins. Brokerage/EPIC</b> <b>3780 Mansell Road, Suite 370</b> <b>Alpharetta, GA 30022</b>	<b>CONTACT NAME: Jerry Noyola</b> <b>PHONE (A/C, No, Ext): 770-552-4225</b> <b>FAX (A/C, No): 866-550-4082</b> <b>E-MAIL ADDRESS: jerry.noyola@greyling.com</b>														
<b>INSURED</b> <b>Kimley-Horn and Associates, Inc.</b> <b>421 Fayetteville Street, Suite 600</b> <b>Raleigh, NC 27601</b>	<table border="1"> <thead> <tr> <th data-bbox="816 422 1433 449">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1433 422 1567 449">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 449 1433 476"><b>INSURER A : National Union Fire Ins. Co.</b></td> <td data-bbox="1433 449 1567 476"><b>19445</b></td> </tr> <tr> <td data-bbox="816 476 1433 504"><b>INSURER B : Aspen American Insurance Company</b></td> <td data-bbox="1433 476 1567 504"><b>43460</b></td> </tr> <tr> <td data-bbox="816 504 1433 531"><b>INSURER C : New Hampshire Ins. Co.</b></td> <td data-bbox="1433 504 1567 531"><b>23841</b></td> </tr> <tr> <td data-bbox="816 531 1433 558"><b>INSURER D : Lloyds of London</b></td> <td data-bbox="1433 531 1567 558"><b>085202</b></td> </tr> <tr> <td data-bbox="816 558 1433 585"><b>INSURER E :</b></td> <td data-bbox="1433 558 1567 585"></td> </tr> <tr> <td data-bbox="816 585 1433 613"><b>INSURER F :</b></td> <td data-bbox="1433 585 1567 613"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : National Union Fire Ins. Co.</b>	<b>19445</b>	<b>INSURER B : Aspen American Insurance Company</b>	<b>43460</b>	<b>INSURER C : New Hampshire Ins. Co.</b>	<b>23841</b>	<b>INSURER D : Lloyds of London</b>	<b>085202</b>	<b>INSURER E :</b>		<b>INSURER F :</b>	
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**COVERAGES****CERTIFICATE NUMBER: 18-19****REVISION NUMBER:**

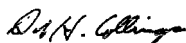
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

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

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

Re: NE 33rd Street; Marwan Mufleh. The City of Pompano Beach is named as an Additional Insured with respects to General & Automobile Liability where required by written contract. Waiver of Subrogation is applicable where required by written contract & allowed by law. 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****CANCELLATION**

<b>City of Pompano Beach</b> <b>Risk Manager</b> <b>100 West Atlantic Boulevard</b> <b>Room 276</b> <b>Pompano Beach, FL 33060</b>	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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