

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

DATE (MM/DD/YYYY)

11/15/2018

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).

<b>PRODUCER</b> <b>Greyling Ins. Brokerage/EPIC</b> <b>3780 Mansell Rd. Suite 370</b> <b>Alpharetta, GA 30022</b>	<b>CONTACT NAME: Nicole Larsen</b> <b>PHONE (A/C, No, Ext): 770-552-4225</b> <b>FAX (A/C, No): 866-550-4082</b> <b>E-MAIL ADDRESS: Nicole.Larsen@greyling.com</b>														
<b>INSURED</b> <b>R.J. Behar &amp; Company, Inc.</b> <b>6861 S.W. 196th Avenue</b> <b>Suite 302</b> <b>Pembroke Pines, FL 33332</b>	<table border="1"> <thead> <tr> <th data-bbox="803 472 1437 493">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 472 1576 493">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="803 493 1437 514"><b>INSURER A : Sentinel Insurance Co Ltd</b></td> <td data-bbox="1437 493 1576 514"><b>11000</b></td> </tr> <tr> <td data-bbox="803 514 1437 535"><b>INSURER B : Travelers Casualty &amp; Surety Co of Ameri</b></td> <td data-bbox="1437 514 1576 535"><b>31194</b></td> </tr> <tr> <td data-bbox="803 535 1437 556"><b>INSURER C : Beazley Insurance Company, Inc.</b></td> <td data-bbox="1437 535 1576 556"><b>37540</b></td> </tr> <tr> <td data-bbox="803 556 1437 577"><b>INSURER D :</b></td> <td data-bbox="1437 556 1576 577"></td> </tr> <tr> <td data-bbox="803 577 1437 598"><b>INSURER E :</b></td> <td data-bbox="1437 577 1576 598"></td> </tr> <tr> <td data-bbox="803 598 1437 619"><b>INSURER F :</b></td> <td data-bbox="1437 598 1576 619"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Sentinel Insurance Co Ltd</b>	<b>11000</b>	<b>INSURER B : Travelers Casualty &amp; Surety Co of Ameri</b>	<b>31194</b>	<b>INSURER C : Beazley Insurance Company, Inc.</b>	<b>37540</b>	<b>INSURER D :</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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>20SBUAC0037</b>	<b>11/17/2018</b>	<b>11/17/2019</b>	EACH OCCURRENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$1,000,000</b> MED EXP (Any one person) <b>\$10,000</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>20UEGNG0289</b>	<b>11/17/2018</b>	<b>11/17/2019</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION <b>\$10,000</b>			<b>20SBUAC0037</b>	<b>11/17/2018</b>	<b>11/17/2019</b>	EACH OCCURRENCE <b>\$4,000,000</b> AGGREGATE <b>\$4,000,000</b> \$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>	<b>UB8J13892018</b>	<b>11/17/2018</b>	<b>11/17/2019</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>C</b>	<b>Professional Liab &amp; Pollution Liability</b>			<b>V20C99180201</b>	<b>11/17/2018</b>	<b>11/17/2019</b>	<b>Per Claim \$2,000,000</b> <b>Aggregate \$3,000,000</b>

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 an Additional Insured on the above referenced liability policies with the exception of workers compensation & professional liability where required by written contract.

**APPROVED***By John Mealer at 7:19 am, Mar 13, 2019***CERTIFICATE HOLDER****CANCELLATION**

**City of Pompano Beach**  
**1201 NE 5th Avenue**  
**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

*John Mealer*