

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2019

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.

			SERTIFICATE HOLDER.						٠,,.	
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights	risa ct to	n AD the to	DITIONAL INSURED, the erms and conditions of tificate holder in lieu of	e policy	(ies) must ha	ave ADDITIO	NAL INSURED p require an endo	rovisio rsemer	ns or nt. A	be endorsed. statement on
PRODUCER			6-542-9188	Suci en	uorsemeni(s	i <i>)</i> .				
Qualitas Insurance Group	CONTACT Aileen Acosta PHONE (A/C, No, Ext): 786-542-9188 PHONE (A/C, No, Ext): 786-801-1163									
5000 SW 75 AVE SUITE 301 Miami, FL 33155			(A/C, N	801-1163						
Nicholas Valverde				E-MAII ADDR		7000				
					NAIC #					
MOUDED		INSUR		23620						
INSURED Limousines of South Florida, Inc.		INSURER B:								
2766 NW 62nd St Miami, FL 33147				INSUR	INSURER C:					
,			INSUR	INSURER D:						
				INSURER E :						
				INSUR						
COVERAGES CE	RTIF	ICAT	E NUMBER:				REVISION NUM	DED.		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCINSR!	' PER II POL	TAIN, ICIES	THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	יייי פור	THE POLICIE REDUCED BY	S DESCRIBE PAID CLAIMS	ED NAMED ABOVE DOCUMENT WITH	FOR T	HE PO CT TO O ALL	OLICY PERIOD OWHICH THIS THE TERMS,
A X COMMERCIAL GENERAL LIABILITY	INST	L SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	rs	
71 TOTAL GENERAL ELABIETT							EACH OCCURRENCE		s	1,000,000
CLAIMS-MADE X OCCUR	x	İ	850BW50244		03/01/2019	03/01/2020			\$	100,000
	_						MED EXP (Any one pe			5,000
	_						1		\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		İ					PERSONAL & ADV IN		\$	2,000,000
POLICY PRO-							GENERAL AGGREGA		\$	EXCLUDED
OTHER:							PRODUCTS - COMP/0	JP AGG	\$	LXOLODED
AUTOMOBILE LIABILITY							COMBINED SINGLE L	IMIT	\$	
ANY AUTO							(Ea accident)		\$	
OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per	person)	\$	
HIRED AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per	accident)	S	
AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
A UMBRELLA LIAB OCCUR	1	-							\$	
X EXCESS LIAB CLAIMS-MADI	=		HFF0008869		02/04/2040	02/04/0000	EACH OCCURRENCE		\$	5,000,000
DED RETENTIONS	_				03/01/2019	03/01/2020	AGGREGATE		\$	5,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1-						T		\$	
							PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		\$	
If yes, describe under							E.L. DISEASE - EA EM	PLOYEE	\$	
DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLIC	Y LIMIT	s	
								1		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	ule, may be	attached if more	space is require	d)			
ity of Politipatio Beach Is/are includ	ed a	s adr	titional incured wher	e requir	red	.,	-,			
y written contract with respect to g	enera	al lia	bility.							
					APPR	OVED	1 X	000		,
				4	APPN	OVED		M		
					By Danie	lle Thor	oe at 10:02 a	am. A	pr (2019
				(by Dame			, 7	ρ. σ	70, 20 70
ERTIFICATE HOLDER				CANO	CLI ATION					
the state of the s			CITYPOM	T	ELLATION					
			CHIFOM	SHO		UE ADOVE DE	CODIDED DOLLG			
City of Pompano Beach 100 West Atlantic Blvd.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Pompano Beach, FL 3306	AUTHORIZED REPRESENTATIVE									

ACORD 25 (2016/03)

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DATE (MM/DD/YYYY)

4/1/2019

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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).

	is certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ich end	dorsement(s).			Satomo	iii Oii	
	DUCER		CONTACT NAME: Robert Isacsen									
Global Affinity Managers, Inc.						PHONE (AIC, No, Ext): (201) 744-8395 (AIC, No):						
909 Castle Point Terrace						ADDRESS: bisacsen@optonline.net						
١,,			INSURER(S) AFFORDING COVERAGE						NAIC #			
INSL	boken	NJ 07030	INSURER A: Hartford Fire Insurance Company						19682			
11130			INSURER B: Hartford Fire Insurance Company						19682			
	Limousines of South Florida, In	ic; Ita	anspo	rtation America	INSURER C:							
	2766 NW 62nd Street				INSURER D :							
	Miomi			T37 221.42	INSURER E :							
				FL 33142	INSURER F:							
				NUMBER:	EN ICC	HED TO THE I	NCHDED MAN	REVISION NUME	3ER:			
CI	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		ADDL INSD	WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY						· · · · · · · · · · · · · · · · · · ·	EACH OCCURRENCE		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTEL PREMISES (Ea occur	rence)	\$		
			ĺ					MED EXP (Any one pe		\$		
								PERSONAL & ADV IN	JURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG	\$		
	OTHER:								1	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	JIMIT	\$	1,000,000	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per	person)	\$		
A	AUTOS ONLY AUTOS			12 CSE S50303		01/01/2019	01/01/2020	BODILY INJURY (Per		\$		
	AUTOS ONLY X NON-OWNED							PROPERTY DAMAGE (Per accident)	:	\$		
	IMPRELIATION									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	<u> </u>	\$		
	CEAIWS-IMADE.							AGGREGATE		\$		
	DED RETENTION\$ WORKERS COMPENSATION							I DED	T OTO	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							× STATUTE	OTH- ER			
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		12 WN S50301		01/01/2019	01/01/2020	E.L. EACH ACCIDENT	Г :	\$	1,000,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EN		\$	1,000,000	
	DESCRIPTION OF OPERATIONS DEIDW							E.L. DISEASE - POLIC	Y LIMIT :	\$	1,000,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORE	0 101, Additional Remarks Sched	ule, may	be attached if mo	ore space is requ	ıired)				
Cert	ficate holder is additional insured as respects to auto liabili	ty.)			
						APPR	OVED		NO2	202		
					(By Danie	elle Thor	pe at 10:02	am, A	pr 09,	2019	
CER	TIFICATE HOLDER				CANC	ELLATION			*****			
City Of Pompano Beach						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
100 W Atlantic Blvd						AUTHORIZED REPRESENTATIVE						
Pompano Beach, FL 33060						Robert Isacsen						
											1	