CLAIMS-MADE   X   OCCUR   Y   GL20895410502   10/01/2018   10/01/2018   10/01/2019   DAMAGE TO RENTEDLES   3   100,000     GENL AGGREGATE LIMIT APPLIES PER:   POLICY   X   PROC   Loc   5   2,000,000     OTHER:   COMBINED LIABILITY   Loc   S   2,000,000   PRODUCTS - COMPIOP AGG   \$   2,000,000     X   ANTOMOBILE LIABILITY   CA20895420501   10/01/2018   10/01/2018   10/01/2019   BODILY INJURY (PEr person)   \$     X   ANTONOBILE LIABILITY   CA20895420501   10/01/2018   10/01/2018   10/01/2019   BODILY INJURY (PEr person)   \$     C   UMBRELLA LIAB   X   OCCUR   S   5811109353   10/01/2018   10/01/2019   BODILY INJURY (PER person)   \$     VONCONNER   AUTOS ONLY   AUTOS ONLY   AUTOS ONLY   S   \$   \$     MUTOS ONLY   AUTOS ONLY   AUTOS ONLY   S   \$   \$   \$     C   UMBRELLA LIAB   X   OCCUR   \$   \$   \$     DeD   X   RETENTION \$   \$   \$   \$   \$     VERCES COMPENSISTING   S   \$   \$   \$   \$     MUD EMPLOYERS LIABILITY   N / A<							BU	JRKH-3	_		<u>OP ID: DWR</u>	
CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY ANEAD, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES       BELLOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED       REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.       IMPORTATT: 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 holder is an endorsement.       PRODUCER     954-776-2222       FROW & Florida, Inc.     1201 W Cypress Oreek Rd # 130       1201 W Cypress Oreek Rd # 130     954-776-2222       Muster D. LISSUED Burkhardt Construction, Inc.     Insurance Amerisure Insurance Company     194883       Bahama Equipment Co     Insurance Construction, Inc.     Insurance Construction, Inc.     Insurance Company     1115       Bahama Equipment Co     Insurance Construction, Inc.     Insurance Company     1115     Insurance Company     1115       Bahama Equipment Co     Insurance Construction, Inc.     Insurance Company     1115     Insure Co.     23396       Bahama Equipment Co     Insurance Company     21105     Insure Construction Structure Company     1105       INSURE D CONTHY THAT THE DURCH CONCE AFFORDED BY THE PO	Ą											
If SUBROGATION IS WAVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate holder in flue of such endorsement(s).       PRODUCER     954-776-2222       Brown & Brown of Florida, Inc.     100       1201 W Cypress Creek Rd # 130     201       P.O. Box 5727     Insulant and the construction inc.     Insulant and the construction inc.       Insulant Statement on the	C B	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										
PRODUCER       954-776-2222       Constrained and a construction of Florida, Inc.         1201 W Cypress Creek Rd # 130       P.O. Box 5727       Standborn of Florida, Inc.       FM: Standborn of Florida, Inc.       FM: Standborn of Florida, Inc.         Prob. Box 5727       FL audderdale, FL 33310-5727       Ken E Willing, CPCU, CPC, CRIS       Insure a. Amerisure Insurance Company       19488         Insure B       Lauderdale, FL 33310-5727       Insure A. Amerisure Mutual Ins. Co.       23396         Ren E Willing, CPCU, CPC, CRIS       Insure R. J. Amerisure Mutual Ins. Co.       23396         Insure R. J. Morth River Insurance Company       19488         Insure R. J. Morth River Insurance Company       21105         Insure R. J. Morth River Insurance Company       211002	If	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on										
Brown & Brown of Horda, Inc.     PXX: my Check Rd # 130       Did IN Cytopic Creek Rd # 130     PXX: my Cytopic Creek Rd # 130       PL Lauderdale, FL 3310-5727     MsURER(S).AFFORDING COVERAGE       Ken E Willins, CPCU, CFP, CRIS     Insurer.s.       INSURER Burkhardt Construction, Inc.     Insurers, North River Insurance Company     19488       Bahama Equipment Co- 1400 Alabama Avenue, Suite 20     Insures a. Amerisure Mutual Ins. Co.     23396       West Palm Beach, FL 33401-7048     Insures p. Logd's of London     15792       Insures p. Lond's set provide presentation the insurance Area on the set provide presentation of the set provide												
P.O. Box 5727     F.L. audordale, FL 33310-5727       Ken E Willits, CPCU, CFP, CRIS     INSURER A: Amerisure Insurance Company     19488       INSURE Burkhardt Construction, Inc.     INSURER A: Amerisure Mutual Ins. Co.     23396       INSURE Burkhardt Construction, Inc.     INSURER A: Amerisure Mutual Ins. Co.     23396       INSURE Construction, Inc.     INSURE Construction, Inc.     INSURER C.     INSURE Construction, Inc.       INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.       INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.       INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.       INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.       INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.     INSURE Construction, Inc.       INSURE Construction, Inc.     Insure Construction, Inc.     Insure Construction, Inc.     Insure Construction, Inc.       INSURE Construction, Inc.     Insure Construction, Inc.     Insure Construction, Inc.     Insure Construction, Inc.       Indiconstruction, Inc.     Insure Co	Bro	wn & Brown of Florida, Inc.			PHONE	954-77	6-2222		FAX	954-7	76-4446	
Pr. Lauderdale, PL. 33/06-727   MAC #     Men E Willing, CPCU, CPC, CRIS   INSURER A: Amerisure Insurance Company   19488     INSURED Burkhardt Construction, Inc. Bahama Equipment Co Bahama Equipment Co Hauser R : Amerisure Mutual Ins. C.   23396     INSURER B: Amerisure Mutual Ins. Co.   23396     INSURER B: Amerisure Mutual Ins. Co.   23396     INSURER B: Construction, Inc. Bahama Equipment Co West Palm Beach, FL 33401-7048   19488     INSURER B: Construction, Inc. Bahama Equipment Co West Palm Beach, FL 33401-7048   19488     INSURER B: Construction, Inc. Bahama Equipment Co Not Subscription   19492     COVERAGES   CERTIFICATE NUMBER: INSURER F:   Insurance Company     COVERAGES   CERTIFICATE NUMBER: INSURER F:   REVISION NUMBER INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WITHEN THE SPECT TO WITH RESPECT TO WITH HERSPECT TO WITH HERSPECT TO WITH HERSPECT TO WITH RESPECT TO WITH HERSPECT TO WITH HERSPECT TO WITH THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS, ECRELIDATIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PADIC CAMB.     B X   COMMERCIAL GENERAL LABILITY   GL 20895410502   10/01/2018   10/01/2019   EACH OCCURRENCE \$ 1,000,000 (ENERAL AGGREGATE \$ 2,000,000 (REVERAL AGGREGATE \$ 2,000,000 (REVERAL AGGREGATE \$ 2,000,000 (REVERAL AGGREGATE \$ 2,000,000 (REVERAL AGGREGATE \$ 1,000,000 (REVERAL AGGREGATE \$ 2,000,000 (REVERAL AGGREGATE \$ 2,000,000 (REVERAL AGGREGATE \$ 2,0	1201 W Cypress Creek Rd # 130   (A/C, No, Ext): 000000000000000000000000000000000000											
Non-termination       Insurance a: Amerisure Insurance Company       19488         Insure A: Amerisure Insurance Company       19488         Insure A: Amerisure Insurance Company       23396         Insure A: Amerisure Insurance Company       23396         Insure A: Amerisure Insurance Company       21105         Insure A: Amerisure Insurance Company       21005         Insure A: Amerisure Insurance Company       2105         Insure A: Amerisure Insure Insure Insurance Comp	Ft. Lauderdale, FL 33310-5727									N446 #		
INSURED Burkhardt Construction, Inc. Bahama Equipment Co. 1400 Alabma Avenue, Suite 20 West Palm Beach, FL 33401-7048       INSURER a: Amerisure Mutual Ins. C.O	Ker	i E Willits, CPCU, CFP, CRIS							,			
Bahama Equipment Co 1400 Alabma Avenue, Suite 20 West Paim Beach, FL 33401-7048   INSURER C: North River Insurance Company   21105     INSURER C: North River Insurance Company   15792     INDICATED NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES INTERS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY BY INSURANCE AND INNER SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES INTERS SHOWN MAY HAVE BEEN REDUCED BY THE POLICY MAY   EACH OCCURRENCE \$ 1,000,000     B X COMMERCIAL GENERAL LUBILITY   GL20895410502   10/01/2019   INNERE E 1: 000000   EACH OCCURRENCE \$ 1,000,000     GERVIC AGGREGATE LUMIT APPLIES PER: POLICY X SECONLY   GL20895420501   10/01/2018   10/01/2019   BODILY INURY (Per accident) \$ 1,000,000     OWNED ONLY   SCHEDULED ANY ANT ON OWNED ONLY   SCHEDULED SCHEDULE NURK (Per person) \$ 5,000   S <tr< td=""><td></td><td>IRED Burkhardt Construction Inc</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>		IRED Burkhardt Construction Inc										
HV00 Adduited Avenue, Suffe 20     NBURER D: Lloyd's of London     15792       INSURER D: Lloyd's of London     15792       INSURER E:     INSURER E:       INSURER F:     INSURER F:       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PENIOD INDICATED. NOTWITHSTANDING ANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXACLUSIONS AND CONDITIONS OF SUCH POLICIES. LINT'S SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       NTR     TYPE OF INSURANCE     ADD SUMP       VIRT     OCUMERCIAL GENERAL LIABILTY     GL20895410502       INST     COMMERCIAL GENERAL LIABILTY     GL20895410502       GENUL AGGREGATE LIMIT APPLIES PER: POLICY X     SCOURP     CA20895420501       OTHER:     SCHEDULED AUTOBIONICE LIABILITY     CA20895420501       A     AUTOMOBILE LIABILITY AUTOBO ONLY     SCHEDULED AUTOBIONICE     SCHEDULED S 1.000.000       MORDER'S INCLE LIABILITY     CA20895420501     10/01/2018     10/01/2019     BODILY INURY (Per person) \$ BODILY INURY (Per person) \$ SCHEDULED     SCHEDULED AUTOBO ONLY     SCHEDULED AUTOBO ONL		Bahama Equipment Co			INSURER B :	North R	iver Insura	nce Compan	v			
INSURER E : INSURER F :         COVERAGES       CERTIFICATE 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 POLICED BY PAID CLAMMS.         INSTR       TYPE OF INSURANCE       MODELSUMP       POLICY NUMBER       POLICY PAID CLAMMS.         INSTR       TYPE OF INSURANCE       INDICATED.       MODELSUMP       POLICY NUMBER       POLICY PAID CLAMMS.         INSTR       TYPE OF INSURANCE       INDICATED.       MODELSUMP       POLICY NUMBER       POLICY PAID CLAMMS.         INST       TYPE OF INSURANCE       INDICATED.       MODELSUMP       POLICY NUMBER       POLICY PAID CLAMMS.       INDICATED.       INDICATED.         INSTR       CLAMIS-MADE       INDICATED.       GL20895410502       10/01/2018       10/01/2019       POLICY PAID CLAMMS.       INDICATED.       INDICATED.         IMAGE DATA       ANY AUTO       GL20895420501       10/01/2018       10/01/2019       INDICATED.       S         IMAGE DATA       ANY AUTO       GL20895420501       10/01/2018       10/01/2019			2						,			
INSURER F :         REVISION NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MARED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT ON 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 PAD CLAIMS.         NMSR       TYPE OF INSURANCE       ADDI UWR       POLICY PRIVE       CLAIMS         MSR       CLAIMS-MADE       X OCCUR       Y       GL20895410502       10/01/2018       10/01/2018       10/01/2019       EACH OCCURRENCE       \$ 1,000,000         MSR       CLAIMS-MADE       X OCCUR       Y       GL20895410502       10/01/2018       10/01/2018       10/01/2019       EACH OCCURRENCE       \$ 1,000,000         MSR       CLAIMS-MADE       X OCCUR       Y       GL20895420501       10/01/2018       10/01/2018       10/01/2018       S       0         C       UMBRELIA LIAB X OCCUR       CA20895420501       10/01/2018       10/01/2018       10/01/2019       EACH OCCURRENCE       \$ 4,000,000         C       WORKEGAGATE LIMIT APPLIES PER:       CA20895420501       10/01/2018			,									
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 INDICATES NOTWITHAT STANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS.         NSR       TYPE OF INSURANCE       APPORTAIN, 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 CLAMMS.         NSR       TYPE OF INSURANCE       APPOLICY NUMBER       POLICY NUMBER       POLICY PAID CLAMS.         NSR       TYPE OF INSURANCE       APPOLICY NUMBER       POLICY NUMBER       POLICY NUMBER       IMMODITYTY       IMMODITY       IMMODITY       IMMODITY       IMMO												
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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 AFORDED BY THE POLICES SCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       INSR     TYPE OF INSURANCE     MADY PERTAIL LIABILITY     IMMINISTRY												
B     X     COMMERCIAL GENERAL LIABILITY     Y       GL20895410502     10/01/2018     10/01/2018     10/01/2019     EACH OCCURRENCE     \$     100,000       GENL AGGREGATE LIMIT APPLIES PER:     POLICY     X     PERONAL & ADV INJURY     \$     1,000,000       GENL AGGREGATE LIMIT APPLIES PER:     Loc     V     \$     1,000,000       OTHER:     A     AUTOMOBILE LIABILITY     \$     2,000,000       X     ANY AUTO     SCHEDULED     \$     CA20895420501     10/01/2018     10/01/2019     BODILY INJURY (Per person)     \$       X     ANY AUTO     NON-OWNED     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     \$     \$       DeD     X     RETENTION \$     0     \$     \$     \$     \$       C     UMBRELLA LIAB     X     OCCUR     \$     \$     \$     \$     \$       DeD     X     RETENTION \$     0     \$     \$     \$     \$     \$     \$     \$       CL     UMBRELLA LIAB     X     OCCUR     \$     \$     \$     \$     \$     \$ </td <td colspan="8">INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</td> <td>WHICH THIS</td>	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								WHICH THIS			
B     X     COMMERCIAL GENERAL LIABILITY     Y       GL20895410502     10/01/2018     10/01/2018     10/01/2019     EACH OCCURRENCE     \$     100,000       GENL AGGREGATE LIMIT APPLIES PER:     POLICY     X     JECT     10/01/2018     10/01/2018     MED EXP (Any one person)     \$     5,000       POLICY     X     JECT     Loc     10/01/2018     10/01/2018     10/01/2018     MED EXP (Any one person)     \$     5,000       POLICY     X     JECT     Loc     10/01/2018     10/01/2018     10/01/2019     MED EXP (Any one person)     \$     2,000,000       QENERAL AGGREGATE     LIABILITY     X     AUTOMOBILE LIABILITY     \$     1,000,000     \$     \$     \$       A     AUTOMOBILE LIABILITY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     \$	INSR	TYPE OF INSURANCE	ADDL INSD	SUBR POLICY NUMBER	PO (MM	DLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
MED EXP (Any one person)     \$ 5,000       GENIL AGGREGATE LIMIT APPLIES PER:     POLICY X PEC;     LOC       OTHER:     CA20895420501     10/01/2018       AUTOMOBILE LIABILITY     S     2,000,000       X ANTONOBILE LIABILITY     S     1,000,000       WINED SONLY     SCHEDULED     S       HIRED OWNED     S     S       MUTOS ONLY     NON-OWNED     S       DED X RETENTION \$     S     S       OCAUMSCHART     S     S       MUTOS ONLY     S     S       MON BEREL ALIAB     X     OCCUR       CLAIMS-MADE     S     S   <								EACH OCCURRE	VCE	\$	1,000,000	
MED EXP (Any one person)     \$     \$,000       GENUL AGGREGATE LIMIT APPLIES PER:     POLICY X PEO;     LoC       OTHER:     CA20895420501     10/01/2018     General Aggregate     \$       Autromobile Liability     S     \$     \$       X ANTOMOBILE LIABILITY     CA20895420501     10/01/2018     10/01/2019     COMBINED SINGLE LIMIT     \$       MUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     S     \$     \$       MIRED EXP (Any and to provide the person)     S     CA20895420501     10/01/2018     10/01/2019     BODILY INJURY (Per person)     \$       MUTOS ONLY     AUTOS ONLY     AUTOS ONLY     S     \$     \$     \$       MIRED EX RETENTION \$     0     S     \$     \$     \$     \$       DeD X RETENTION \$     0     \$     \$     \$     \$     \$     \$       MONOWNED AUTOS ONLY     X RETENTION \$     0     \$     \$     \$     \$     \$     \$     \$       DeD X RETENTION \$     0     \$     \$     \$     \$     \$     \$     \$     \$     \$     \$     \$		CLAIMS-MADE X OCCUR	Y	GL20895410502	10/	/01/2018	10/01/2019	DAMAGE TO REN PREMISES (Ea oc	TED currence)	\$	100,000	
GENUL AGGREGATE LIMIT APPLIES PER:     POLICY     Y     PRODUCTS - COMPIOP AGG     \$       OTHER:     OTHER:     S     S     S       A     AUTOMOBILE LABILITY     \$     1,000,000       WOWED     SCHEDULED     S     S       AUTOS ONLY     AUTOS     SCHEDULED     S       AUTOS ONLY     AUTOS     SCHEDULED     BODILY INJURY (Per person)     S       BODILY INJURY (Per accident)     S     S     S       C     UMBRELLA LIAB     X     OCCUR     S       EXCESS LIAB     CLAIMS-MADE     S811109353     10/01/2018     10/01/2019     BODILY INJURY (Per person)     S       WORKERS COMPENSATION     S     S     S     S     S       MORERS COMPENSATION S     O     S     S     S     S       MORERS COMPENSATION S     N / A     N / A     S     S     S     S       MORERS COMPENSATION S (MERGENTION S elow)     N / A     S     S     S     S       MORERS COMPENSATIONS decompensation S     S     S     S     S     S       MORERS COMPENSATION S     N / A     <										\$	5,000	
GENL AGGREGATE LIMIT APPLIES PER:     POLICY     X     PROT     LOC       POLICY     X     PROT     LOC     PRODUCTS - COMP/OP AGG     \$     2,000,000       OTHER:     A     AUTOMOBILE LIABILITY     \$     \$     \$     \$       X     ANY AUTO     WHED     SCHEDULED     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     \$     10/01/2018     10/01/2019     BODILY INJURY (Per person)     \$     BODILY INJURY (Per person)     \$     BODILY INJURY (Per accident)     \$     PROPUCTS - COMP/OP AGG     \$     PROPUCTS - COMP/OP AGG     \$     PROPUCTS - COMP/OP AGG     \$     \$     PROPUCTS - COMP/OP AGG     \$     <								PERSONAL & AD	/ INJURY	\$	1,000,000	
POLICY X PRO- OTHER:     LOC     PRODUCTS - COMP/OP AGG     \$ 2,000,000       A     AUTOMOBILE LIABILITY     S     S       X ANY AUTO     CA20895420501     10/01/2018     POLICY INJURY (Per person)     S       OWNED AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     SCHEDULED AUTOS ONLY     NON-OWNED AUTOS ONLY     NON-OWNED AUTOS ONLY     S     BODILY INJURY (Per person)     S       C     UMBRELLA LIAB     X OCCUR     S     S     S     S       DED     X RETENTION \$     0     S     S     S     S       WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)     Y/N If yes, describe under If yes, describe under     B0621PBURK000318     07/22/2018     07/22/2019     Claim     1,000,000		GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000	
A     AUTOMOBILE LIABILITY     CMBINED SINGLE LIMIT     \$ 1,000,000       X     ANY AUTO     SCHEDULED     BODILY INJURY (Per person)     \$       MIRED     AUTOS ONLY     AUTOS ONLY     BODILY INJURY (Per person)     \$       HIRED     AUTOS ONLY     AUTOS ONLY     NON-OWNED     \$       HIRED     AUTOS ONLY     AUTOS ONLY     SCHEDULED     \$       MUTOS ONLY     AUTOS ONLY     AUTOS ONLY     \$     \$       BODILY INJURY (Per person)     \$     \$     \$       MUTOS ONLY     AUTOS ONLY     AUTOS ONLY     \$     \$       MUTOS ONLY     AUTOS ONLY     SCHEDULED     \$     \$       MUTOS ONLY     AUTOS ONLY     SCHEDULED     \$     \$       MUTOS ONLY     AUTOS ONLY     \$     \$     \$       C     UMBRELLA LIAB     X     OCCUR     \$     \$       Excess LiaB     CLAIMS-MADE     \$     \$     \$     \$       MORKERS COMPENSATION     \$     \$     \$     \$     \$       ANY PROPRIETOR/PARTNER/EXECUTIVE     Y/N     \$     \$     \$     \$     \$		POLICY X PRO- JECT LOC								ľ	2,000,000	
X     ANY AUTO     OWNED     SCHEDULED     BODILY INJURY (Per person)     S       AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     BODILY INJURY (Per person)     S       HRED     AUTOS ONLY     AUTOS ONLY     AUTOS ONLY     SCHEDULED     S       UMBRELLA LIAB     X     OCCUR     S     S       Excess LIAB     CLAIMS-MADE     5811109353     10/01/2018     10/01/2019     EACH OCCURRENCE     \$       MORKERS COMPENSATION     S     S     S     S     S     S       WORKERS COMPENSATION     MAY PROPRIETOR/PARTNER/EXECUTIVE     Y/N     N/A     N/A     S     S       Workers compensation     N/A     S     B0621PBURK000318     07/22/2018     07/22/2019     Claim     1,000,000	A							COMBINED SING	E LIMIT	¢	1,000,000	
OWNED AUTOS ONLY     SCHEDULED AUTOS ONLY     SCHEDULED AUTOS ONLY     DOIL INDUCY (Per accident)     BODILY (Per accident)     BODILY (Per accident)     S       C     UMBRELLA LIAB     X     OCCUR CLAIMS-MADE     S     S     S       DED     X     RETENTION \$     O     S     AGGREGATE     \$     8,000,000       MORKERS COMPENSATION AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED?     Y/N (Mandatory in NH)     N/A     S     S     S       D     PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below     N/A     B0621PBURK000318     07/22/2018     07/22/2019     Claim     1,000,000				CA20895420501	10/	/01/2018	10/01/2019	. ,	Per person)	¢		
Image: Second state of the system of the										ľ		
C     UMBRELLA LIAB     X     OCCUR     \$ 4,000,000       EXCESS LIAB     CLAIMS-MADE     5811109353     10/01/2018     10/01/2019     EACH OCCURRENCE     \$ 4,000,000       DED     X     RETENTION \$ 0     5811109353     10/01/2018     10/01/2019     EACH OCCURRENCE     \$ 8,000,000       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY     V/N     V/N     V/N     \$     \$       MORKERS COMPENSATION AND EMPLOYERS' LIABILITY     Y/N     N/A     \$     \$     \$       MAND EMPLOYERS' LIABILITY     Y/N     N/A     \$     \$     \$     \$       If yes, describe under DESCRIPTION OF OPERATIONS below     N/A     \$     \$     \$     \$       D     Prof Liab     \$     \$     \$     \$     \$     \$										\$		
EXCESS LIAB     CLAIMS-MADE       DED     X     RETENTION \$       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY OFFICER/MEMBER EXCLUDED? (Mandatory in NH)     Y/N If yes, describe under DESCRIPTION OF OPERATIONS below     N / A       D     Prof Liab     B0621PBURK000318     07/22/2018     07/22/2019     Claim     1,000,000	C									Ť.	4,000,000	
Image: Deb X RETENTION \$ 0     Image: Deb X RETENTION \$ 0     Image: Deb X RETENTION \$ 0       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY     Y/N     PER     OTH-       ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?     N/A     Image: Deb X RETENTION OF OPERATION \$ 0       If yes, describe under If yes, describe under DeSCRIPTION OF OPERATIONS below     B0621PBURK000318     07/22/2018     07/22/2019     Claim     1,000,000				5811109353	10/	/01/2018	10/01/2019			ľ	8,000,000	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?     Y/N N/A       If yes, describe under UbscRIPTION OF OPERATIONS below     N/A       D     Prof Liab		DED X RETENTION \$ 0						AGGREGATE		<b>–</b>		
ANY PROPRIETOR/PARTNER/EXECUTIVE V/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below D Prof Liab B0621PBURK000318 07/22/2018 07/22/2019 07/22/2019 07/22/2019								PER	OTH-	φ		
If yes, describe under     DESCRIPTION OF OPERATIONS below     E.L. DISEASE - POLICY LIMIT     \$       D     Prof Liab     B0621PBURK000318     07/22/2018     07/22/2019     Claim     1,000,000										¢		
If yes, describe under     DESCRIPTION OF OPERATIONS below     E.L. DISEASE - POLICY LIMIT     \$       D     Prof Liab     B0621PBURK000318     07/22/2018     07/22/2019     Claim     1,000,000		OFFICER/MEMBER EXCLUDED?	N / A							Ť		
D Prof Liab B0621PBURK000318 07/22/2018 07/22/2019 Claim 1,000,000		If yes, describe under										
	D	Prof Liab			07/	/22/2018	07/22/2019	Claim		φ		
Design (ADDEZ Mehleb Desider d Deides languages (	Cer	tificate holder and Pompano Beac	:ĥ C	RA listed as additional ins	sured as							
Project 19357 - McNab Road and Bridge Improvements Certificate holder and Pompano Beach CRA listed as additional insured as respects General Liability if required by written contract.	Ļ											
Certificate holder and Pompano Beach CRA listed as additional insured as respects General Liability if required by written contract.	CE	RTIFICATE HOLDER		DOUDIDO		LATION						
Certificate holder and Pompano Beach CRA listed as additional insured as respects General Liability if required by written contract.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Certificate holder and Pompano Beach CRA listed as additional insured as respects General Liability if required by written contract.         CERTIFICATE HOLDER       CANCELLATION         POMPABC       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										

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Ą		ER	TIF		BIL	ITY INS	URANC	E		мм/dd/үүүү) 10/2018
~	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI FLOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AN	VELY	' OR NCE	NEGATIVELY AMEND, DOES NOT CONSTITU	EXTEN	ND OR ALT	ER THE CO'	VERAGE AFFORDED E	BY THI	E POLICIES
lf ti	IPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjec is certificate does not confer rights to	is ar t to	n ADI the	DITIONAL INSURED, the terms and conditions of	the poli	icy, certain p	olicies may i	AL INSURED provisions require an endorsement	sorbe . Ast	e endorsed. atement on
PRO	DUCER License # 0E67768				CONTAC	⁺ Stephani	e Chase			
Insı Aba	irance Office of America, Inc. icoa Town Center 0 University Blvd, Suite 200				PHONE (A/C, No	, <sub>Ext):</sub> (561) 7			561) 7	76-0670
	iter, FL 33458					INS	URER(S) AFFOR			NAIC #
					INSURE	RA: Builders	s Mutual Ins	surance Company		10844
INSI	JRED				INSURE	RB:				
	Burkhardt Construction Inc				INSURE					
	1400 Alabama Ave				INSURE					
	West Palm Beach, FL 33401				INSURE					
					INSURE					·
				NUMBER:	INSURE			REVISION NUMBER:		
T II	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	es of Equi Per Polic	: ins Reme Fain, Cies.	URANCE LISTED BELOW NT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	ES DESCRIBI	DOCUMENT WITH RESPE		VULCHINIS
INSF	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY				1			EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
							Lammor -	PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
								11000010-0000101/100	\$	
1	OTHER:		[ [					COMBINED SINGLE LIMIT	\$	
L.			1					(Ea accident)		
								BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
		<u> </u>	<u> </u>						\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		5					AGGREGATE	\$	
	DED RETENTION \$	<u> </u>						Y PER OTH-	\$	
A	AND ENDLOVEDS' LIABILITY							X PER OTH- STATUTE ER		1,000,000
				WCP1036664 04		01/01/2019	01/01/2020	E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORI	101. Additional Remarks Sched	lule, may t	e attached if mo	re space is requi	red)		
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		10010	b fol, Additional Homanic Contra	<b>,,</b> -					
	Drainat 10257 MaNah D	224	<u></u>	h Bridgo Improver	nonto					
	Project 19357 - McNab Ro	Jau	an	a bridge improver	nems					
1										

CERTIFICATE HOLDER	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.
City of Pompano Beach 100 West Atlantic Boulevard Room 276	AUTHORIZED REPRESENTATIVE C. Ray Dorsey M
Pompano Beach, FL 33060-0000	

ACORD 25 (2016/03)

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