

EXHIBIT D

POLICY NUMBER:

Certificate of Insurance

HOMEOWNERS  
HO 04 41 10 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED**

RESIDENCE PREMISES

SCHEDULE\*

Name And Address Of Person Or Organization

City of Pompano Beach  
1201 NE 5th Ave  
Pompano Beach, FL 33060

**APPROVED**

**RISK MANAGEMENT**

DATE: 12/29/16

BY: ER Beecher

Interest

Only for Coverage E liability which is associated with the walkway encroachment on city land. Applies to the improvements that will be built on City property that is being licensed for use by FLJH, LLC.

\*Entries may be left blank if shown elsewhere in this policy for this coverage.

**DEFINITIONS**

Definition 5, which defines "insured" is extended to include the person or organization named in the Schedule above, but only with respect to:

1. Coverage A -- Dwelling and Coverage B -- Other Structures; and
2. Coverage E -- Personal Liability and Coverage F -- Medical Payments To Others but only with respect to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of the "residence premises".

**SECTION II - EXCLUSIONS**

This coverage does not apply to "bodily injury" to an "employee", "residence employee" or a temporary employee furnished to the "insured" to substitute for a permanent "residence employee" arising out of or in the course of the employee's employment by the person or organization.

**CANCELLATION AND NONRENEWAL  
NOTIFICATION**

If we decide to cancel or not to renew this policy, the person or organization named in the Schedule will be notified in writing.

All other provisions of this policy apply.