

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/14/2017

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 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)

certificate florder in fled of such endorsement(s).				
PRODUCER	CONTACT EDWARD PHILLIPS			
PF INSURANCE INC.	PHONE FAX (A/C, No, Ext): (A/C, No):			
164 NORTH POWERLINE ROAD	E-MAIL ADDRESS: ELIZABETH@PUSHINC.NET			
POMPANO BEACH FL 33069	INSURER(S) AFFORDING COVERAGE			
(954)973-3038 (954)972-2129	INSURER A: FEDERATED NATIONAL INSURAN(10	790		
INSURED	INSURER B:			
POMPANO COWBOYS BOOSTER CLUB	INSURER C:			
054 NW 07 AVE	INSURER D:			
951 NW 27 AVE	INSURER E:			
POMPANO BEACH, FL 33069	INSURER F:			
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 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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
V	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	JIX			,, = 2/11111)		EACH OCCURRENCE DAMAGE TO RENTED	\$ \$300,000 \$ \$100,000
	CLAIMS-MADE OCCUR	~		HM-0504005640-00	08/12/2017	08/12/2018	PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$5,000
							PERSONAL & ADV INJURY	\$ \$300,000
							GENERAL AGGREGATE	\$ \$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ INCLUDED
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY	•	0.0	DOVED		O TIM	COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO	A	PP	ROVED		4111	BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS	Bu	, 10	hn Mealer at 11:41 ai	m Aug 3	0 2017	BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS	Бу	30	illi Mealer at 11.41 al	II, Aug 3	0, 2017	PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	DESCRIPTION OF ODER ATIONS / LOCATIONS / VEHICLES / Attach ACORD 101 Additional Pamarks Schodule if more space is required.)							

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

THIS IS AN ADDITIONAL INSURED

CONSESSSTAND

CERTIFICATE HOLDER	CANCELLATION
CITY OF POMPANO BEACH 100 N POWERLINE ROAD	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 33069	AUTHORIZED REPRESENTATIVE
	Hombra