



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/22/2017

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).

| | |
|---|---|
| PRODUCER Newman Insurance Agency, Inc. 5700 Stirling Road Hollywood, FL 33021- Jeffrey M. Newman | CONTACT NAME: HGF Insurance Services Inc |
| | PHONE (A/C, No, Ext): 954-963-9626 FAX (A/C, No): |
| | E-MAIL ADDRESS: |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Wesco Insurance Co. |
| | INSURER B: Technology Insurance Company |
| | INSURER C: BCS Insurance Company |
| | INSURER D: Stratford Insurance Company 40436 |
| | INSURER E: |
| | 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | X | X | WPP1155189 | 05/13/2017 | 05/13/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 |
| C | <input checked="" type="checkbox"/> Cyber Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | RPS-P-0280545 | 10/06/2016 | 10/06/2017 | PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A | <input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | WPP1155189 | 05/13/2017 | 05/13/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | WUM1536722 | 05/13/2017 | 05/13/2018 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | TWC3629085 | 05/13/2017 | 05/13/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| D | D&O | | | BRL0015315 | 08/11/2017 | 08/11/2018 | Aggregate 1,000,000 |
| D | EPLI | | | BRL0015315 | 08/11/2017 | 08/11/2018 | Aggregate 1,000,000 |

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

Provide community classes for youngsters age 5-18 in art, music, dance, CCC sponsors concerts in various venues to support activities.

Certificate Holder is listed as Additional Insured in respects to General Liability when required by written contract.

APPROVED

By Cindy Lawrence at 2:21 pm, Aug 23, 2017

| CERTIFICATE HOLDER | CANCELLATION |
|--|---|
| CITYOPO City of Pompano Beach 100 West Atlantic Blvd 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 |

NOTEPAD:

HOLDER CODE CITYOPO
INSURED'S NAME Creative City Collaborative of

CREACPB
OP ID: KS

PAGE 3
Date 08/22/2017

Certificate holder is added as an additional insured in regards to General Liability when required by written contract. Comprehensive Bodily Injury and Property Damage; Explosion and Collapse Hazard; Underground Hazard; Contractual Liability; Broad Form Property Damage - see CG0001 (10/01) and CGD186 forms attached.

APPROVED

C. Lawrence

By Cindy Lawrence at 2:21 pm, Aug 23, 2017



Risk Placement Services, Inc.

Knowledge. Relationships.
Trust and Confidence.

Risk Placement Services, Inc. - AmPro
1511 US-1 Suite 101
Sebastian, FL 32958
Phone: 786-924-7070
Fax: 786-924-7080

August 14, 2017

TO: HERB FISHLER

Newman Insurance Agency, Inc. A0007023

Email: HFISHLER@NEWMANINS.COM

RE: Insured: Creative City Collaborative OF Pompano Beach Inc & Pompano Beach Arts Foundation Inc
RPS Reference #: BK0933381
Policy Number: BRL0015315
Carrier: Stratford Insurance Company/Admitted Carrier
AM Best Rating: A XV
Proposed Policy Period: 8/11/2017 to 8/11/2018

Thank you for the order for the above Insured policy. We are pleased to present the attached Directors & Officers Liability - Non-Profit binder from Stratford Insurance Company. Please review the attached binder carefully as it may not contain all the coverages or terms submitted. If you have any questions, please feel free to call or email me.

1. You are responsible for reviewing and explaining the coverage to the client, including any options, available or not from our office. The terms hereon are not fully described and no assumption should be made as to the adequacy of the coverage of the risk to the client.
2. You are not an Agent of the insurer, and as such, cannot bind coverage nor make any commitments on behalf of the insurer, nor of us. This policy cannot be assigned to another without the written consent of the insurer or their Agent.
3. Cancellation--At binding, you commit to any provisions contained herein such as Minimum Earned Premiums. There are no flat cancellations allowed.
4. When requesting a policy change, addition, cancellation, endorsement, etc., you must provide every policy number/coverage to which the request applies.

The coverage outlined above may not conform to the terms and conditions you requested. Please check carefully. If this policy is issued on a non-admitted basis, your office is responsible for collecting surplus lines taxes and fees (if applicable) from the insured in addition to completing any required surplus lines forms. RPS will remit the applicable taxes and forms to the state. If this policy is subject to the surplus lines laws in your state, you should make every effort to comply with any special provisions and regulations of your state.

Premium: \$2,238.00

Total: \$2,238.00

Commission: 10%

Beverly Keller
Phone: (786) 924-7031
Email: Beverly_Keller@rpsins.com



300 Kimball Drive, Suite 500

Parsippany, NJ 07054

Applicant: Creative City Collaborative of Pompano Beach Inc
 DBA Cultural Arts Center Inc & Pompano Beach Arts Foundation Inc
Policy #: BRL0015315
Policy Period: 08/11/2017 - 08/11/2018
State: FL
Policy Type: Admitted D&O
Renewal Of: BRL0012393

Bound By

This is to certify that, in accordance with your instructions, Stratford Insurance Company(BEST RATING: A Excellent)has bound coverage as follows:

Premium Summary

| | |
|----------------------|-------------------|
| Admitted D & O | \$2,238.00 |
| Total Premium | \$2,238.00 |

Admitted Directors and Officers Limits of Insurance

| | |
|---------------------|-----------|
| Aggregate Limit | 1,000,000 |
| Retention Per Claim | 2,500 |

Professional Services

| Class Description | Basis | Exposure | Premium |
|---|---------------------|--------------------|----------|
| Arts, Culture, and Humanities (FL P1/B1) | Gross Revenue Range | As per Application | 2,238.00 |
| Employment Practices Liability (FL P1/B1) | Employee Range | As per Application | 0 |

Additional Coverage Notes**DEL02 (10/11) Directors, Officers, Insured Entity And Employment Practices Insurance Coverage Part Declarations**

EPLI Aggregate Limit : 1,000,000

EPLI Retention Amount : 2,500

DEL102 (07/14) Crisis Management Endorsement

Limit : 25,000

DEL75A (06/14) Modified Defense Outside of Shared Limits Endorsement

Shared Limit Amount : 1,000,000

This binder is subject to the following terms:

Form List

Subject to the following Endorsements:

| Form No | ED Date | Form Name |
|----------------|---------|---|
| <u>DEL01</u> | 01/15 | Directors, Officers, Insured Entity and Employment Practices Insurance Coverage Form |
| <u>DEL02</u> | 10/11 | Directors, Officers, Insured Entity And Employment Practices Insurance Coverage Part Declarations |
| <u>DEL102</u> | 07/14 | Crisis Management Endorsement |
| <u>DEL114</u> | 07/14 | Privacy and Network Security Exclusion |
| <u>DEL133</u> | 06/15 | Employment Practices Loss Control Services Policyholder Notice |
| <u>DEL41</u> | 06/11 | Sexual Abuse and Molestation Exclusion |
| <u>DEL75A</u> | 06/14 | Modified Defense Outside of Shared Limits Endorsement |
| <u>DEL94</u> | 07/12 | Extended Reporting Period Endorsement |
| <u>DEL96</u> | 07/14 | Personal Injury Exclusion |
| <u>DEFL205</u> | 01/16 | Notice - Florida |
| <u>DEFL210</u> | 03/16 | Amendatory Endorsement - Florida |
| <u>DEFL211</u> | 03/16 | Florida Changes - Cancellation And Nonrenewal |
| <u>EQ55</u> | 01/11 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |
| <u>IL0017</u> | 11/98 | Common Policy Conditions |
| <u>IL0985</u> | 01/15 | Disclosure Pursuant To Terrorism Risk Insurance Act |
| <u>WW 230</u> | 01/15 | Common Policy Declarations |
| <u>WW10B</u> | 10/05 | Schedule of Named Insureds |
| <u>WW604FL</u> | 09/11 | Florida Cancellation and Nonrenewal |
| <u>WWME011</u> | 06/11 | Amended Definitions - Discrimination & Harassment |

This coverage confirmation note is subject to all terms and conditions of the policy being issued. This coverage confirmation note shall be automatically terminated and voided by delivery of a policy to the insured or his agent or representative.

Authority is granted to you for the issuance of unmodified ACORD certificates of insurance as respects this coverage.

In the event of cancellation or expiration of this insurance, we are required to hold the insured, his agent or representative responsible for earned premiums in all cases for the time in force, subject to the minimum earned premium, at pro-rata or short rate (whichever is applicable) of the annual premium charged. Flat cancellations are not permitted.

Conditions precedent to coverage afforded by this coverage confirmation are: (1) receipt, review and acceptance of the information required herein within the stated timeframe; and (2) that no material change in the risk occurs and no submission is made to the insurer of a claim or circumstances that might give rise to a claim between the date of this coverage confirmation indicated above and the effective date. If such required information is not received, reviewed and accepted within the stated timeframe, or such material change in the risk is discovered or submission of a claim or circumstance is made, then the proposed insurance coverage will be void ab initio ("from the beginning").

Thank you for considering Western World as your market of choice. We look forward to working with you.

Cindy Lawrence

From: Cynthia Kitts
Sent: Wednesday, August 23, 2017 8:15 AM
To: Cindy Lawrence
Cc: Phyllis Korab
Subject: FW: certificate
Attachments: Binder (003).pdf; POI

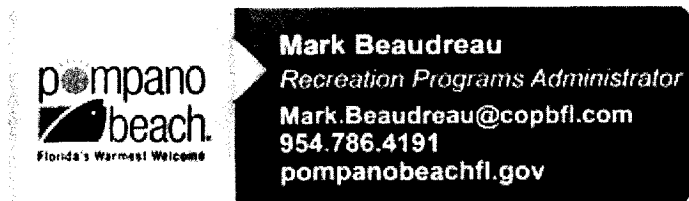
Categories: Red Category

Morning Cindy, can you please review the attached certificate, Alyona has provided an explanation from their insurance agent for the additional sexual molestation coverage.

Thanks.

From: Mark Beaudreau
Sent: Wednesday, August 23, 2017 7:22 AM
To: Phyllis Korab <Phyllis.Korab@copbfl.com>; Terrell N. Fritz <fritz@fritzgeitner.com>
Cc: Cynthia Kitts <Cynthia.Kitts@copbfl.com>; Scott Moore <Scott.Moore@copbfl.com>
Subject: RE: certificate

FYI



From: Alyona Ushe [<mailto:alyona@thecreatives.org>]
Sent: Tuesday, August 22, 2017 5:14 PM
To: Cynthia Kitts <Cynthia.Kitts@copbfl.com>; Mark Beaudreau <Mark.Beaudreau@copbfl.com>; Scott Moore <Scott.Moore@copbfl.com>
Subject: Fwd: certificate

Please see below

----- Forwarded message -----

From: Herbert Fishler <hgfishler@newmanins.com>
Date: Tue, Aug 22, 2017 at 5:12 PM
Subject: certificate
To: alyona@thecreatives.org <alyona@thecreatives.org>

Alyona,

~~ANOT~~ 21

the sexual and abuse coverage is part of the Directors & Officers insurance policy. It is not stand alone coverage and cannot be listed separately. The binder showing the policy conditions is attached. I highlighted the sexual abuse endorsement on page 3 of the attachment. Anyone from the City may contact me directly for a further explanation if needed. Regards, Herb

Herbert G. Fishler

Newman Insurance Agency Inc

Commercial & Personal Coverages

5700 Stirling RD

Hollywood, FL 33021

954.963.9626(ofc)

954.963.8519(fax)

954.557.8205(cell)

hgfishler@newmanins.com



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