



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)  
09/13/2018

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 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).

| <b>PRODUCER</b><br>Willis of Tennessee, Inc. DBA Willis of South Carolina<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 372305191 USA                      | <b>CONTACT NAME:</b><br><b>PHONE (A/C No. Ext):</b> 1-877-945-7378<br><b>FAX (A/C No):</b> 1-888-467-2378<br><b>E-MAIL ADDRESS:</b> certificates@willis.com  |                               |  |        |            |                                |       |            |   |       |            |                               |       |            |  |       |            |                                      |       |            |                                |       |
|---|--|-------------------------------|--|--------|------------|--------------------------------|-------|------------|---|-------|------------|-------------------------------|-------|------------|--|-------|------------|--------------------------------------|-------|------------|--------------------------------|-------|
| <b>INSURED</b><br>Blue Cross and Blue Shield of Florida, Inc d/b/a Florida Blue<br>4800 Deerwood Campus Pkwy<br>Business Risk Solutions DC1-7<br>Jacksonville, FL 32246 | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Valley Forge Insurance Company</td><td>20508</td></tr><tr><td>INSURER B:</td><td>National Fire Insurance Company of Hartford</td><td>20478</td></tr><tr><td>INSURER C:</td><td>Continental Insurance Company</td><td>35289</td></tr><tr><td>INSURER D:</td><td>American Casualty Company of Reading Penns</td><td>20427</td></tr><tr><td>INSURER E:</td><td>Safety National Casualty Corporation</td><td>15105</td></tr><tr><td>INSURER F:</td><td>ACE American Insurance Company</td><td>22667</td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | Valley Forge Insurance Company | 20508 | INSURER B: | National Fire Insurance Company of Hartford | 20478 | INSURER C: | Continental Insurance Company | 35289 | INSURER D: | American Casualty Company of Reading Penns | 20427 | INSURER E: | Safety National Casualty Corporation | 15105 | INSURER F: | ACE American Insurance Company | 22667 |
| INSURER(S) AFFORDING COVERAGE   |  | NAIC #                        |  |        |            |                                |       |            |   |       |            |                               |       |            |  |       |            |                                      |       |            |                                |       |
| INSURER A:  | Valley Forge Insurance Company   | 20508                         |  |        |            |                                |       |            |   |       |            |                               |       |            |  |       |            |                                      |       |            |                                |       |
| INSURER B:  | National Fire Insurance Company of Hartford  | 20478                         |  |        |            |                                |       |            |   |       |            |                               |       |            |  |       |            |                                      |       |            |                                |       |
| INSURER C:  | Continental Insurance Company  | 35289                         |  |        |            |                                |       |            |   |       |            |                               |       |            |  |       |            |                                      |       |            |                                |       |
| INSURER D:  | American Casualty Company of Reading Penns   | 20427                         |  |        |            |                                |       |            |   |       |            |                               |       |            |  |       |            |                                      |       |            |                                |       |
| INSURER E:  | Safety National Casualty Corporation   | 15105                         |  |        |            |                                |       |            |   |       |            |                               |       |            |  |       |            |                                      |       |            |                                |       |
| INSURER F:  | ACE American Insurance Company   | 22667                         |  |        |            |                                |       |            |   |       |            |                               |       |            |  |       |            |                                      |       |            |                                |       |

**COVERAGES****CERTIFICATE NUMBER:** W7479471**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 SUBR INSD WVD                            | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y   | 6024169600    | 07/01/2018              | 07/01/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                  |   | 6024169595    | 07/01/2018              | 07/01/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| C        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  |   | 6024169578    | 07/01/2018              | 07/01/2019              | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000  |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input checked="" type="checkbox"/> No | 6024169581    | 07/01/2018              | 07/01/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                   |
| E        | <b>Excess Workers Compensation - (FL only)</b>   |   | SP 4057047    | 07/01/2018              | 07/01/2019              | Statutory Limits<br>Excess Employers Liab \$1,000,000<br>SIR each accident \$750,000  |

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

SEE ATTACHED

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| City of Pompano<br>100 West Atlantic Blvd<br>Pompano Beach, FL 33060-6099 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|

© 1988-2016 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 16726604

BATCH: 865193



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

|   |  |   |  |
|---|--|---|--|
| <b>AGENCY</b><br>Willis of Tennessee, Inc. DBA Willis of South Carolina |  | <b>NAMED INSURED</b><br>Blue Cross and Blue Shield of Florida, Inc d/b/a Florida Blue<br>4800 Deerwood Campus Pkwy<br>Business Risk Solutions DC1-7<br>Jacksonville, FL 32246 |  |
| <b>POLICY NUMBER</b><br>See Page 1                                      |  | <b>NAIC CODE</b><br>See Page 1  |  |
| <b>CARRIER</b><br>See Page 1  |  | <b>EFFECTIVE DATE:</b> See Page 1   |  |

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

RE: Blue Cross and Blue Shield of Florida, Inc. (Florida Blue) and the City of Pompano when actively providing services for any Special Events; Health Fairs; Sales Promotions; and Wellness Activities.

The City of Pompano is included as Additional Insured with regard to General Liability when required by written contract.

INSURER AFFORDING COVERAGE: ACE American Insurance Company

NAIC#: 22667

POLICY NUMBER: MSP G27114015 005

EFF DATE: 02/01/2018

EXP DATE: 02/01/2019

| TYPE OF INSURANCE:             | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
|--------------------------------|--------------------|---------------|
| Managed Care Professional Liab | Per Claim          | 15,000,000    |
|                                | Aggregate          | 15,000,000    |
|                                | SIR:               | 5,000,000     |

INSURER AFFORDING COVERAGE: Travelers Casualty and Surety Company of America

NAIC#: 31194

POLICY NUMBER: 106041138

EFF DATE: 02/01/2018

EXP DATE: 02/01/2019

| TYPE OF INSURANCE: | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
|--------------------|--------------------|---------------|
| Crime              | Single Loss Limit  | \$20,000,000  |
|                    | Aggregate Limit    | \$40,000,000  |
|                    | Single Loss Ded    | \$500,000     |