



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/01/2018

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> NSI Insurance Group LLC 8181 Northwest 154th Suite 230 Miami Lakes FL 33016		<b>CONTACT</b> NAME: Luisa Caraballo PHONE (A/C, No. Ext): (305) 556-1488 FAX (A/C, No): (305) 556-3680 E-MAIL ADDRESS: lulisac@nsigroup.org	
<b>INSURED</b> The Russell Life Skills and Reading Foundation Inc 5400 South University Drive #202 Davie FL 33328		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Covington Specialty Insurance Company NAC# 13027 INSURER B: Retail First Insurance Company 10070 INSURER C: Landmark American Ins Co 33138 INSURER D: INSURER E: INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 18/19 GL/PROFWC

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR INSD WYO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		VBA635897 00	07/22/2018	07/22/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
		MED EXP (Any one person) \$ 5,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$ 2,000,000
	OTHER:					\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY	SCH AUT				BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY	NON AUT				PROPERTY DAMAGE (Per accident) \$
						\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
	EXCESS LIAB	OCCUR				AGGREGATE \$
	DED	RETENTION \$				\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	52050100	02/27/2018	02/27/2019	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - SA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
C	<b>Professional Liability</b>		LHR784642	07/22/2018	07/22/2019	Each Claim \$1,000,000
						Aggregate \$1,000,000

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

Sexual Abuse Sub-Limit of \$100,000/\$300,000

Certificate Holder is Listed as Additional Insured with Respects to General Liability only.

## CERTIFICATE HOLDER

## CANCELLATION

City of Pompano Beach PO Box 1300  Pompano Beach FL 33061	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  <i>Oscar Soria</i>
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		<b>NAIC #</b> 13027 10070 33138	

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	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
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	<input type="checkbox"/> OCCUR						\$
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	DED \$						\$
	RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			52050100	02/27/2018	02/27/2019	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
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