

CERTIFICATE OF LIABILITY INSURANCE

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.

RODUCER ISI Insurance Group LLC 181 Northwest 154th Suite 230								
181 Northwest 154th Suite 230 flami Lakes		this certificate does not confer rights to the certificate holder in lieu of se			CONTACT Luisa Cerabello			
llami Lakes		NSI Insurance Group LLC			PHONE (305) 556-1488			
	8181 Northwest 154th Suite 230			PHONE (305) 556-1488 (AC, No): (305) 556-3680 (AC, No): (305) 556-3680 (AC, No): (305) 556-3680				
	Miami Lakes			INSURER(5) AFFORDING COVERAGE				
NSURED FL 33016			MSURER A: Covington Specialty Insurance Company			130		
The Russell Life Skills and Reading Foundation Inc			INSURER B : Retail First Insurance Company			100		
Davie FL 33328 COVERAGES CERTIFICATE NUMBER: 18/19 GL/P			INSURER C: Landmark American Ins Co			331		
			INSURER D:					
			INSURER E :					
			INSURER F:					
HIS IS TO CERTIFY THAT THE POLICIES O	E INSURA	NCE LISTED DEL OWNERS BET		RED NAMED	REVISION NUMBER:			
ERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH I	RTAIN, THI POLICIES	E INSURANCE AFFORDED BY T	T CONTRACT OR OTHE	R DOCUMENT	WITH RESPECT TO WHICH THE SUBJECT TO ALL THE TERMS,	S		
TYPE OF INSURANCE	ADDL 8	VVO POLICY NUMBER	POLICY EFF	POLICY EXP	ranes			
COMMERCIAL GENERAL LIABILITY			(SINGELLI ST)	Letinis (MTTTTY)	EACH OCCURRENCE S	1,000,000		
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Es cocumence)	100,000		
	_			07/22/2019	MED EXP (Any one person) \$	5,000		
GENT AGGREGATE LIMIT APPLIES PER: POLICY PRO LOC	-	VBA635897 00	07/22/2018		PERSONAL & ADV INJURY \$	AL STATE PROPERTY.		
					GENERAL AGGREGATE S	2,000,000		
						2,000,000		
OTHER: AUTOMOBILE LIABILITY								
	100	WEB	0		COMBINED SINGLE LIMIT (Ea accident)			
ANY AUTO OWNED ONLY HIRED AUTOS ONLY AUT By John Mealer at 10:01			Jim	n	BÖDILY INJURY (Per person) \$			
			- 0 0	040	BODILY INJURY (Per accident) \$			
AUTOS ONLY AUT BY JO	onn IV	lealer at 10:01 a	m, Dec 10, 2	ע אדט	PROPERTY DAMAGE (Per accident)			
UMBRELLA LIAB	F				\$			
EXCERNIAR				1 2 2 3 2	EACH OCCURRENCE \$			
DED RETENTION \$	4				AGGREGATE \$			
WORKERS COMPENSATION	++			-	1000 1 1000			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yoe, desorthe under DESCRIPTION OF OPERATIONS below Professional Liability				02/27/2019	PER OTH-			
	NIA	52050100	02/27/2018			500,000		
					The state of the s	500,000		
					SIGNATURE TOLIOT CHINI	500,000		
		LHR764642	07/22/2018			1,000,000		
			0772272010		Aggregate	\$1,000,000		
IPTION OF OPERATIONS / LOCATIONS / VEHICLE II Abuse Sub-Limit of \$100,000/\$300,000 Cate Holder is Listed as Additional Insured			may be attached if more apa	ce is required)				
ISIOANI VOI DEP				-				
IFICATE HOLDER			CANCELLATION					
Cliy of Pompano Beach			SHOULD ANY OF THE	TE THEREOF,	CRIBED POLICIES BE CANCELS NOTICE WILL BE DELIVERED IN PROVISIONS.	LED BEFORE		
City of Pompano Beach			SHOULD ANY OF THE	THE POLICY	NOTICE WILL BE DELIVERED IN	.ed before		



CERTIFICATE OF LIABILITY INSURANCE

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

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(les) 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). CONTACT NAME: Luisa Caraballo NSI Insurance Group LLC PHONE (A/C, No, Ext); E-MAIL ADDRESS: (305) 556-1488 (305) 556-3680 8181 Northwest 154th Suite 230 luisac@nsigroup.org INSURER(5) AFFORDING COVERAGE NAIC # Miami Lakes FL 33016 Covington Specialty Insurance Company INSURER A : 13027 INSURED Retail First Insurance Company INSURER B : 10070 The Russell Life Skills and Reading Foundation Inc. Landmark American Ins Co INSURER C : 33138 5400 South University Drive #202 INSURER D INSURER E : Davie FL 33328 INSURER F : COVERAGES 18/19 GL/PROF/WC 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. ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP POLICY NUMBER LUMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence) CLAIMS-MADE X OCCUR 100,000 5,000 MED EXP (Any one person) VBA635897 00 07/22/2018 07/22/2019 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE s PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY HIRED AUTOS ONLY **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) VMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? В 500,000 52050100 N/A 02/27/2018 E.L. EACH ACCIDENT 02/27/2019 (Mandatory in NH) 500,000 If yee, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE 500,000 E.L. DISEASE - POLICY LIMIT Professional Liability Each Claim \$1,000,000 C LHR764642 07/22/2018 07/22/2019 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Pompano Beach PO Box 1300 AUTHORIZED REPRESENTATIVE Pompano Beach FL 33061 Oum Son 7