

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2018

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 Lorna Staab PHONE (A/C, No, Ext): (877) 871-3878 E-MAIL ADDRESS: info@dtrtinsurance.com DTRT Insurance Group/ Loyal Clients FAX (A/C, No): (855) 329-3878 12550 West Atlantic Blvd INSURER(S) AFFORDING COVERAGE NAIG # **Coral Springs** FL 33071 INSURER A: PHILADELPHIA INDEMNITY INSURED INSURER B : Second Chance Society, Inc. INSURER C **1835 SE 4TH AVE** INSURER D : INSURER E FORT LAUDERDALE FL 33316-2807 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. POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 CLAIMS-MADE X OCCUR \$ 100,000 \$ 5,000 MED EXP (Any one person) 09/07/2018 09/07/2019 PHPK1686882 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: 3,000,000 GENERAL AGGREGATE X POLICY PRO-3,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA Mandatory in NH) E.L. DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT PROFESSIONAL LIABILITY A PHPK1686882 09/07/2018 09/07/2019 \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) BELOW ADDED AS ADD'L INSURED ON GENERAL LIABILITY AS PER POLICY TERMS AND CONDITIONS APPROVED By John Mealer at 10:07 am, Dec 10, 2018 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 100 W ATLANTIC BLVD.

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POMPANO BEACH

FL 33060-6099

AUTHORIZED REPRESENTATIVE



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IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subjection	r is a	an Al	DDITIONAL INSURED, the	the policy, certain	nolicies ma	ONAL INSURED provis	ions or	be endorsed
this certificate does not confer rights	to th	ie ce	rtificate holder in lieu of s	such endorsement	(s).	y require an endorsem	OIIL A	statement or
		CONTACT Lorna Staab						
DTRT Insurance Group/ Loyal Clients		PHONE (A/C, No. Ext): (877) 871-3878 FAX (A/C, No): (855) 329-3878						
12550 West Atlantic Blvd				E-MAIL ADDRESS: info@dtrtinsurance.com				
Const Continue				INSURER(S) AFFORDING COVERAGE				NAIC#
Coral Springs FL 33071				INSURER A: PHILADELPHIA INDEMNITY				
INSURED				INSURER B:				
Second Chance Society, Inc.				INSURER C:				
1835 SE 4TH AVE				INSURER D:				
				INSURER E:				
FORT LAUDERDALE	FL 33316-2807	7 INSURER F :						
COVERAGES CE	RTIFI	CAT	E NUMBER:		***	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER POL	TAIN, ICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRAC DED BY THE POLIC BEEN REDUCED B	OT OR OTHER IES DESCRIB Y PAID CLAIMS	R DOCUMENT WITH RESF ED HEREIN IS SUBJECT 3.		
INSR TYPE OF INSURANCE	INSD	L SUBF	POLICY NUMBER	(MM/DD/YYYY	POLICY EXP (MM/DD/YYYY	LIM	ITS	
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,00	00,000
CLAIMS-MADE X OCCUR					1	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	,000
						MED EXP (Any one person)	\$ 5,00	00
A		1	PHPK1686882	09/07/2018	09/07/2019	PERSONAL & ADV INJURY	\$ 1,00	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,00	00,000
POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 3,00	00,000
OTHER:	ļ						\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO		۱ .				BODILY INJURY (Per person)	\$	
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY	İ					PROPERTY DAMAGE (Per accident)	\$	
							\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under		ŀ				E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
PROFESSIONAL LIABILITY			PHPK1686882	09/07/2018	09/07/2019		\$1,00	00,000
					<u></u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL BELOW ADDED AS ADD'L INSURED ON (ES (AI	RAL	101, Additional Remarks Schedule LIABILITY AS PER POLIC	e, may be attached if moi Y TERMS AND CO	e space is requin	ed)		
ERTIFICATE HOLDER				CANCELLATION				
CITY OF POMPANO BEACH 100 W ATLANTIC BLVD.			I A	SHOULD ANY OF THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL E PROVISIONS.	ANCELLI BE DELI	ED BEFORE IVERED IN
POMPANO BEACH		<u>.</u>	FL 33060-6099	Luna	Staa	l-		