

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/9/2019

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).

certificate holder in lieu of such endorsement(s).																							
PRO	DUCER				CONTAC NAME:	CONTACT Yoki Lopez																	
Mack Insurance Group						PHONE (A/C, No, Ext): (561) 674-0774 FAX (A/C, No): (561) 674-0775																	
7251 W. Palmetto Park Rd						E-MAIL ADDRESS: YLopez@mackinsgroup.com																	
Suite 206						INSURER(S) AFFORDING COVERAGE				NAIC #													
Boca Raton FL 33433					INSURERA: American Alternative Ins. Corp				011574														
INSURED					INSURER B:																		
Choices Network Systems, Inc.,					INSURER C:																		
DBA: CHILDREN & FAMILIES CONSORTIUM						INSURER D:																	
2300 NW 6th Street						INSURER E:																	
Pompano Beach FL 33069					INSURER F:																		
CO	- VERAGES CER	CATE	NUMBER: 2018/2019	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. INSP. TYPE OF INSURANCE ADD. SUBR POLICY NUMBER POLICY STATE OF INSURANCE INSURANCE POLICY NUMBER (MM/DD/YYYY) LIMITS																							
INSR LTR	SR TR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS														
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000													
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000													
			Y	99A2GL0002935-08		11/5/2018	11/5/2019	MED EXP (Any one person)	s	10,000													
								PERSONAL & ADV INJURY	s	1,000,000													
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERALAGGREGATE	s	2,000,000													
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	s	2,000,000													
	OTHER:							Premises Medical	\$	15,000													
	AUTOMOBILE LIABILITY	T	<u> </u>	99A2CA0002093-05		11/5/2018	11/5/2019	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000													
	ANYAUTO							BODILY INJURY (Per person)	s														
A	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$														
	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	s														
								(i di doddon)	s														
	X UMBRELLA LIAB X OCCUR	·						EACH OCCURRENCE	s	1,000,000													
A	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s	, , , , , , , , , , , , , , , , , , , ,													
	DED RETENTION \$ -0-	1		99A2FF0000678-07		11/5/2018	11/5/2019		s														
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							PER OTH- STATUTE ER	1															
								E.L. EACH ACCIDENT	s														
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	s														
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s														
A	Professional Liability			99A2PL0003600-08		11/5/2018	11/5/2019	Aggregate Limit		\$1,000,000													
	Trongssional Brability			33A222000000-00		11/3/2010	11/3/2019	Deductible		\$2,500													
										72,300													
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE																						
	ining on parenting skills/Pa						pano Beaci	n is listed as an															
Additional Insured with respects to the Insured's General Liability.																							
	APPROVED C. Lawrence																						
By Cindy Lawrence at 4:29 pm, Jan 09, 2019																							
CERTIFICATE HOLDER CANCELLATION																							
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.																	
												Longano Doucit, LL 00000						AUTHORIZED REPRESENTATIVE					

Jay Mack/LOPEZ