



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2019

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).

PRODUCER Stahl & Associates Insurance Inc. 91 Lake Morton Drive P O Box 3608 Lakeland FL 33802		CONTACT NAME: Michele Crifasi PHONE (A/C, No, Ext): (863)688-5495 FAX (A/C, No): (863)688-4344 E-MAIL ADDRESS: michele.crifasi@stahlinsurance.com													
INSURED Killebrew Inc PO Box 6258 Lakeland FL 33807-6258		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: Westfield Insurance Company</td><td>NAIC # 24112</td></tr><tr><td>INSURER B: Travelers Property Casualty Co of Ameri</td><td>NAIC # 25674</td></tr><tr><td>INSURER C: Amerisure Insurance Co</td><td>NAIC # 19488</td></tr><tr><td>INSURER D: Westchester Surplus Lines Insurance Co.</td><td>NAIC # 10172</td></tr><tr><td>INSURER E: XL Specialty Insurance Co</td><td>NAIC # 27885</td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: Westfield Insurance Company	NAIC # 24112	INSURER B: Travelers Property Casualty Co of Ameri	NAIC # 25674	INSURER C: Amerisure Insurance Co	NAIC # 19488	INSURER D: Westchester Surplus Lines Insurance Co.	NAIC # 10172	INSURER E: XL Specialty Insurance Co	NAIC # 27885	INSURER F:	
INSURER A: Westfield Insurance Company	NAIC # 24112														
INSURER B: Travelers Property Casualty Co of Ameri	NAIC # 25674														
INSURER C: Amerisure Insurance Co	NAIC # 19488														
INSURER D: Westchester Surplus Lines Insurance Co.	NAIC # 10172														
INSURER E: XL Specialty Insurance Co	NAIC # 27885														
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 19/20**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000 ded per claim <input checked="" type="checkbox"/> Ded applies prop damage GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CMM0446705 XCU Coverage included	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits Liab Cov Form (\$ 1,000,000					
	A						<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	CMM0446705 Hired Physical Damage Comp & Coll Ded's \$500 each	6/1/2019 6/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000		
							B			<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	ZUP71M9733019NF 6/1/2019 6/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
										C		<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A
D	<input checked="" type="checkbox"/> Pollution Liability	G46860950001 1/30/2018 1/30/2020	Ea Poll Incident/Ded \$2,500 \$ 1,000,000									
	<input checked="" type="checkbox"/> Rented & Leased Equipment		UM00038732MA19A 6/1/2019 6/1/2020	Ded \$2,500 / Limit \$ 550,000								

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

City of Pompano Beach is an additional insured with respects to the General liability when required by a written contract.

APPROVED

By Jamuti Smith at 5:16 pm, Nov 19, 2019

CERTIFICATE HOLDER

lorraine.frund@copfl.com

City of Pompano Beach
100 West Atlantic Blvd
Building Dept
Pompano Beach, FL 33061

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.

AUTHORIZED REPRESENTATIVE

Marc Wilder/CRIFAS

© 1988-2014 ACORD CORPORATION. All rights reserved.