Client#: 1722483

 $ACORD_{\scriptscriptstyle{\mathsf{TM}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/20/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT Linda Rolfe | | | | | |
|--------------------------------------|---|-------|--|--|--|--|
| Cameron M Harris & Co, LLC | PHONE (A/C, No, Ext): 980-265-5804 (A/C, No): | | | | | |
| Div USI Ins | E-MAIL ADDRESS: linda.rolfe@usi.com | | | | | |
| 6100 Fairview Road Ste 1400 | INSURER(S) AFFORDING COVERAGE | NAIC# | | | | |
| Charlotte, NC 28210 | INSURER A : National Fire insurance Co. of Hartford | 20478 | | | | |
| INSURED | INSURER B : Continental Insurance Company | 35289 | | | | |
| Raftelis Financial Consultants, Inc. | INSURER C : American Casualty Company of Reading PA | 20427 | | | | |
| 227 West Trade Street, Ste. 1400 | INSURER D : Continental Casualty Company | 20443 | | | | |
| Charlotte, NC 28202 | INSURER E : | | | | | |
| | INSURER F: | | | | | |

COVERAGES

CERTIFICATE 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.

| ISR TR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | 5 |
|-----------|--|-----------------------|--------------------------|----------------------------|----------------------------|---|---|
| | CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- DITHER: | | 6076000011 | 01/21/2020 | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$1,000,000 \$500,000 \$15,000 \$1,000,000 \$2,000,000 \$2,000,000 |
|) | ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY | | 6076000025 | 01/21/2020 | 01/21/2021 | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$1,000,000 \$ \$ \$ \$ |
| 3 | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 | | 6076000039 | 01/21/2020 | | AGGREGATE | \$5,000,000 \$5,000,000 \$ |
| ; | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | 6076305637 6076000042 | 01/21/2020 01/21/2020 | . 3 | X PER OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | |
|) | Prof. Liability | | 652071235 | 01/21/2020 | 01/21/2021 | \$5,000,000 Occurrer \$5,000,000 Aggrega | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder named as additional insured atima.

APPROVED

By Danielle Thorpe at 10:01 am, Jun 03, 2020

CERTIFICATE HOLDER

CANCELLATION

City of Pompano Beach Florida 100 West Atlantic Blvd Second Floor, Room 253 Pompano Beach, FL 33060-0000 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

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