Exhi	oit 2
------	-------



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

								8/	17/2020	
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 rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 2255 Glades Road, Suite #200E				CONTACT NAME: PHONE (A/C, No, Ext): 561-995-6706 (A/C, No, Ext): 561-995-6708					5-6708	
Boca Raton FL 33431				E-MAIL ADDRESS:						
				INSURER(S) AFFORDING COVERAGE					NAIC # 11230	
License#: BR-724491 INSURED POMPBEA-01				INSURER A : Underwriters at Lloyd's, London INSURER B :					11200	
CITY OF POMPANO BEACH P.O. Drawer 1300			INSURER C :							
Pompano Beach, FL 33061				INSURE						
				INSURE						
COVERAGES	CERTIFI	CATE	E NUMBER: 459621440	INSURE	<pre><pre></pre></pre>		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE PO										
INDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF 3	MAY PER	CIES.	THE INSURANCE AFFORD	ED BY 1	THE POLICIE	S DESCRIBED PAID CLAIMS.				
INSR LTR TYPE OF INSURANCE	INSE	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
	Y		PK1017220		3/1/2020	3/1/2021	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000	,	
							PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000 \$ N/A	),000	
							PERSONAL & ADV INJURY	\$ 2,000	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$ 6,000,000		
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000,000		
AUTOMOBILE LIABILITY							SIR COMBINED SINGLE LIMIT	\$ 200,000		
ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
OWNED SCHEDULE	o l						BODILY INJURY (Per accident)			
AUTOS ONLY AUTOS HIRED NON-OWNE AUTOS ONLY AUTOS ON							PROPERTY DAMAGE (Per accident)	\$	\$	
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS	MADE						AGGREGATE	\$		
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	Y/N						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is included as Additional Insured under the General Liability policy shown above only insofar as permitted by Florida Statute 768.28 and otherwise allowed by law. Additional Insured status is provided as required by written contract and with respect to operations by or on behalf of the Named Assured										
CERTIFICATE HOLDER	CERTIFICATE HOLDER CANCELLATION									
POMPANO BEACH COMMUNITY REDEVELOPMENT AGENCY 100 West Atlantic Boulevard Pompano Beach FL 33060       Should ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED I THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVED ACCORDANCE WITH THE POLICY PROVISIONS.										
									hte record	
© 1988-2015 ACORD CORPORATION. All rights reserved.										