



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/16/2021

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 FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME: PHONE (A/C, No, Ext): (800) 277-1620 X 4800 FAX (A/C, No): (727) 797-0704 E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC#</td> </tr> <tr> <td>INSURER A: Frank Winston Crum Insurance Company</td> <td>11600</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: Frank Winston Crum Insurance Company	11600	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED FrankCrum L/C/F Boucher Brothers Pompano Beach LLC 100 South Missouri Avenue Clearwater, FL 33756															

COVERAGES CERTIFICATE NUMBER: 780839 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	<div>COMMERCIAL GENERAL LIABILITY</div> <div><div><div><div></div></div></div><div>CLAIMS-MADE</div><div><div><div></div></div></div><div>OCCUR</div></div> <div></div> <div></div> <div></div> <div>GEN'L AGGREGATE LIMIT APPLIES PER:</div> <div><div><div></div></div><div>POLICY</div><div><div><div></div></div></div><div>PROJECT</div><div><div><div></div></div></div><div>LOC</div></div> <div><div><div></div></div></div> <div>OTHER:</div>									<div>EACH OCCURRENCE</div> <div>\$</div> <div>DAMAGE TO RENTED PREMISES (Ea occurrence)</div> <div>\$</div> <div>MED EXP (Any one person)</div> <div>\$</div> <div>PERSONAL & ADV INJURY</div> <div>\$</div> <div>GENERAL AGGREGATE</div> <div>\$</div> <div>PRODUCTS-COMP/OP AGG</div> <div>\$</div> <div></div> <div>\$</div>			
	<div>AUTOMOBILE LIABILITY</div> <div><div><div><div></div></div></div><div>ANY AUTO</div><div><div><div></div></div></div><div>OWNED AUTOS ONLY</div><div><div><div></div></div></div><div>SCHEDULED AUTOS</div><div><div><div></div></div></div><div>HIRED AUTOS ONLY</div><div><div><div></div></div></div><div>NON-OWNED AUTOS ONLY</div></div>									<div>COMBINED SINGLE LIMIT (Ea accident)</div> <div>\$</div> <div>BODILY INJURY (Per person)</div> <div>\$</div> <div>BODILY INJURY (Per accident)</div> <div>\$</div> <div>PROPERTY DAMAGE (Per accident)</div> <div>\$</div> <div></div> <div>\$</div>			
	<div>UMBRELLA LIAB</div> <div><div><div><div></div></div></div><div>OCCUR</div></div> <div><div><div></div></div></div> <div>EXCESS LIAB</div> <div><div><div></div></div></div> <div>CLAIMS-MADE</div> <div><div><div></div></div></div> <div>DED</div> <div><div><div></div></div></div> <div>RETENTION \$</div>									<div>EACH OCCURRENCE</div> <div>\$</div> <div>AGGREGATE</div> <div>\$</div> <div></div> <div>\$</div>			
A	<div>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div> <div>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</div> <div>If yes, describe under DESCRIPTION OF OPERATIONS below</div> <div><div><div></div></div><div>Y/N</div></div>				N/A		WC202100000	01/01/2021	01/01/2022	<div>X</div> <div>PER STATUTE</div> <div></div> <div>OTH-ER</div> <div></div> <div>E.L. EACH ACCIDENT</div> <div>\$1,000,000</div> <div>E.L. DISEASE-EA EMPLOYEE</div> <div>\$1,000,000</div> <div>E.L. DISEASE-POLICY LIMIT</div> <div>\$1,000,000</div>			

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

Effective 01/25/2019, coverage is for 100% of the employees of FrankCrum leased to Boucher Brothers Pompano Beach LLC (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

APPROVED

By Danielle Thorpe at 9:28 am, Jul 19, 2021

CERTIFICATE HOLDER City of Pompano Beach. Risk Management Division 100 W Atlantic Blvd Pompano Beach, FL 33060	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
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