Exhibit B



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/10/2022

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to						may require	an endorsement. A state	ement o	on	
PRO	DUCER				CONTACT NAME: Triton Global						
Trito	on Insurance Group				PHONE (A/C, No	(866) 40	00-7674 100	FAX (A/C, No):	(866)	657-3678	
100	N State Road 7				E-MAIL ADDRES	augta @tri	tonagency.com				
Unit	304						SURER(S) AFFOR	DING COVERAGE		NAIC #	
Mar	gate			FL 33063	INSURER A: Evanston Insurance Company					-	
INSU	RED				INSURER B: Progressive Insurance Company					02962	
					INSURER C :						
	American Pool & Patio LLC, DB	A: Bea	ach O	'Rama	INSURER D :						
1281 SW 1ST WAY					INSURER E :						
DEERFIELD BEACH			FL 33441			INSURER F:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL219241700				REVISION NUMBER:			
IN CI	HIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTA	REME AIN, TH	NT, TE HE INS	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA POLICI	ACT OR OTHER ES DESCRIBEI	DOCUMENT V DHEREIN IS SI	WITH RESPECT TO WHICH T	HIS		
INSR	KCLUSIONS AND CONDITIONS OF SUCH PO	ADDL	SUBR		KEDUC	POLICY EFF	POLICY EXP	1 18417			
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	VD POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	4.00	0,000	
								EACH OCCURRENCE DAMAGE TO RENTED	100		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	φ F 00		
Α		Y	Y	3AA519399		11/05/2021	11/05/2022	MED EXP (Any one person)	4 00	0,000	
^		l '	l '	0/1/010000		11/00/2021	11/00/2022	PERSONAL & ADV INJURY	9 .	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	9 .	0,000	
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	,	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		0.000	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
В	OWNED SCHEDULED		03945	03945167-0		08/10/2021	08/10/2022	BODILY INJURY (Per accident)	\$		
_	HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							AGGREGATE	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							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) The city of Cooper City as an additional insured. The City of Cooper City, its officials, employees, agents and volunteers are to be covered as an additional insured and shall be granted a waiver of subrogation.											
CE	RTIFICATE HOLDER		CANCELLATION								
City of Cooper City 9090 Southwest 50th Place						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Cooper City FL 33328						AUTHORIZED REPRESENTATIVE					
		. 2 33323			Z Z						

		CERTIFICAT	E OF LIAE	3IL	ITY INS	SURANCE			Date 4/12/2022		
Pro	ducer:	Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691			rights upon t		r of information only and This Certificate does not e policies below.				
(727) 938-5562					Insurers Affording Coverage				NAIC #		
` '			Inc. & Subcidir	arioc	Insurer A: Lion Insurance Company Insurer B: Insurer C:				11075		
1115	ıı cu.	South East Personnel Leasing, 2739 U.S. Highway 19 N.									
		Holiday, FL 34691									
				Insurer D:							
					Insurer E:						
	rages	surance listed below have been issued to the insured	I named above for the n	olicy po	riad indicated. Not	withstanding any requirement	torm or condition of any contract	et or ot	hor document		
with re	spect to w	hich this certificate may be issued or may pertain, the have been reduced by paid claims.									
INSR LTR	ADDL INSRD		Policy Number		icy Effective (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Lin	nits			
		GENERAL LIABILITY					Each Occurrence		\$		
		Commercial General Liability Claims Made Occur					Damage to rented premises (I occurrence)	EA	\$		
							Med Exp		\$		
		H	ł l				Personal Adv Injury		\$		
		General aggregate limit applies per:					General Aggregate		\$		
		Policy Project LOC					Products - Comp/Op Agg		\$		
		AUTOMOBILE LIABILITY					Combined Single Limit				
		L					(EA Accident)		\$		
		Any Auto					Bodily Injury				
		All Owned Autos Scheduled Autos					(Per Person)		\$		
		Hired Autos					Bodily Injury				
		Non-Owned Autos					(Per Accident)		\$		
		H					Property Damage				
]				(Per Accident)		\$		
		EXCESS/UMBRELLA LIABILITY					Each Occurrence				
		Occur Claims Made					Aggregate				
Α		ers Compensation and	WC 74040	0.4	1/04/2022	04/04/0000	X WC Statu- tory Limits EF	TH-			
		yers' Liability	WC 71949	U'	/01/2022	01/01/2023	E.L. Each Accident	`	\$1,000,000		
Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.							E.L. Disease - Ea Employee		\$1,000,000		
							. ,				
							E.L. Disease - Policy Limits		\$1,000,000		
	Other		Lion Insura	nce (Company is A	.M. Best Company r	ated A (Excellent). A	MB :	# 1261 6		
	-	s of Operations/Locations/Vehicles/E: applies to active employee(s) of South East Pe	ersonnel Leasing, Inc	. & Sul		e leased to the following "(D: 9	0-70-045		
		applies to injuries incurred by South East Pers	•			. , . ,	n: FL.				
	-	s not apply to statutory employee(s) or indeper	• • •								
A list	of the ac	tive employee(s) leased to the Client Company	can be obtained by	faxing	a request to (72	7) 937-2138 or email certi	ficates@lioninsurancecompa	any.co	m		
-	ct Name	· · · · · · · · · · · · · · · · · · ·			=======================================	0/550 4051/50 41/51	(OLUMETER)				
WAIV	ER OF S	SUBROGATION APPLIES IN FAVOR OF CITY	OF COOPER CITY	, 1150	FFICIALS, EMPI	LOYEES, AGENTS AND V	OLUNTEERS.				
CER	TIFICATE	HOLDER		C/	ANCELLATION		Begin	Date	2/21/2022		
OLIN		ITY OF COOPER CITY		Sho	ould any of the abover the abover the second and th	mail 30 days written notice to	elled before the expiration date the certificate holder named to dupon the insurer, its agents or	the lef	t, but failure to		
	90	090 SOUTHWEST 50TH PLACE	-	do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.							
COOPER CITY, FL 33328					Done Farm						