ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

C	~								0	1/31/20	023		
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).													
South Shore Insurance Inc.							NAME: PHONE (A/C, No, Ext): (772) 426-9973 FAX (A/C, No): (772) 872-5870						
955 SE Central Parkway							(A/C, No, Ext):(112) 420-0010 E-MAIL ADDRESS:						
Stuart FL 34994						INSURER(S) AFFORDING COVERAGE NAIC #							
							INSURER A : The Charter Oak Fire Insurance Company						
INSURED							INSURER B : Travelers Property Casualty Company of Amer						
		Hinterland Group Inc.				INSURER C :							
		2051 West Blue Heron Blvo	k			INSURER D :							
Riviera Beach, FL 33404						INSURE							
						INSURE	RF:						
CO	VER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:				
		S TO CERTIFY THAT THE POLICIES											
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			ADDL				POLICY EFF (MM/DD/YYYY)						
	x	COMMERCIAL GENERAL LIABILITY	UGNI						EACH OCCURRENCE	<u>s</u> 1,00	0,000		
A		CLAIMS-MADE X OCCUR		x					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	,		
	х	XCU Coverage Included	x		CO-2W558369		01/31/2023	01/31/2024	MED EXP (Any one person)	\$ 10,000			
	х	Primary/Non Contributory								\$1,000,000			
	GEN	I'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000,000			
		POLICY X PRO-								\$ 2,00			
		OTHER:								\$			
	AUTOMOBILE LIABILITY X ANY AUTO								COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000		
A									BODILY INJURY (Per person)	\$			
		ALL OWNED SCHEDULED AUTOS	x	x	810-2W545755	01/31/2023	01/31/2024	BODILY INJURY (Per accident)) \$				
	X HIRED AUTOS X NON-OWNED AUTOS								PROPERTY DAMAGE (Per accident)	\$			
										\$			
	x	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$4,00		0,000		
в		EXCESS LIAB CLAIMS-MADE			CUP-2T683165-23-NF		01/31/2023	01/31/2024	AGGREGATE	\$ 4,00	0,000		
		DED RETENTION \$								\$			
		RKERS COMPENSATION							PER OTH- STATUTE ER				
	ANY								E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?		N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	IT yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
		ION OF OPERATIONS / LOCATIONS / VEHIC											
		any of the above policies be can			•		•	•		-			
not	ice t	o the certificate holder named to	b the	left,	but failure to do so shall	l impos	se no obliga	tion or liabil	ity of any kind upon the	insure	er its		
-		or representatives. Certificate He					-		-				
		ared executed prior to injury or d		-	-	-							
-		ent with the insured executed pr		-		-	-	-	o additional insureds w	hen it	is		
		d by written contract/agreement	with	the	insured executed prior to			•					
CERTIFICATE HOLDER CANCELLATION													
						0110							
		CITY OF COOPER CITY							DESCRIBED POLICIES BE C. EREOF, NOTICE WILL E				
		9090 SW 50TH PLACE							PROVISIONS.				
	COOPER CITY, FL 33328 AUTHORIZED REPRESENTATIVE										m		
	AUTHORIZED REPRESENTATIVE Junit Janman												
							© 1988-2014 ACORD CORPORATION. All rights reserved.						

The ACORD name and logo are registered marks of ACORD

1000

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Г

AC				_ N	111		ובוט		UNANU		1/31/20	023	
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 CONTACT NAME:													
South Shore Insurance Inc.							PHONE (A/C, No	72-5870					
955 SE Central Parkway							E-MAIL ADDRESS:						
Stuart FL 34994							INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURED												10000	
Hinterland Group Inc.							INSURE						
2051 West Blue Heron Blvd						INSURER D :							
		Riviera Bea	ch, FL 33404				INSURE						
								RF:					
CO	VER	AGES	CER	TIFIC	CATE	E NUMBER:				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 INSU	RANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8		
		CLAIMS-MADE	OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$		
										MED EXP (Any one person)	\$		
										PERSONAL & ADV INJURY	\$		
	GE		APPLIES PER:							GENERAL AGGREGATE	\$		
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ \$		
	AU									COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO									, ,	\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS							, ,	\$		
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$ \$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
											\$		
		RKERS COMPENSATION EMPLOYERS' LIABILIT	v							X PER OTH- STATUTE ER			
	ANY	NY PROPRIETOR/PARTNER/EXECUTIVE			x	WC840-0805462-2023A		1/31/2023	1/31/2024	E.L. EACH ACCIDENT	_{\$} 1,00		
	(Mar	(Mandatory in NH) If yes, describe under			·					E.L. DISEASE - EA EMPLOYEE	_{\$} 1,00	0,000	
	DES	DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	_{\$} 1,00	0,000	
DES	CRIP	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is req	uired)			
Should any of the above policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. A Waiver of Subrogation is provided on blanket form only if required by written contract/agreement with the insured executed prior to injury or damage.													
CERTIFICATE HOLDER CANCELLATION													
CITY OF COOPER CITY 9090 SW 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 Junie Janman SINL>						

© 1988-2014 ACORD CORPORATION. All rights reserved.