

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/17/2015

500,000

500,000

2,000,000

4,000,000

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(les) 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: Erinn E Collinsworth	
Collinsworth Ins&Risk Mgmt Services Inc P.O. Box 661628	PHONE (A/C, No, Ext): (786) 930-4795 FAX (A/C, No): (786)	930-4794
	E-MAUL ADDRESS: erinn@collinsworthinsurance.com	
Miami Springs FL 33266	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Travelers Cas & Surety Co	19038
INSURED (954) 522-4123 Walters Zackria Associates, PLLC	INSURERB: Berkley Ins Co	32603
	INSURER C: Travelers Indemnity Co	25658
1500 W. Cypress Creek Road	INSURER D :	
Suite 105 Fort Lauderdale FL 33309	INSURER E:	
	INSURER F:	
	CERTIFICATE NUMBER: Cert ID 53 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. ADDL SUBR INSR LTR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR 680-0G797374 6/16/2015 6/16/2016 ¥ 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY X JECT LOC PRODUCTS - COMP/OP AGG 2,000,000 5 OTHER: OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 (Ea accident) \$ BODILY INJURY (Per person) ¥ 680~0G797374 6/16/2015 6/16/2016 ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS х AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE DED RETENTIONS WORKERS COMPENSATION OTH-X STATUTE 6/16/2015 6/16/2016 UB-4457T655 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: RFQ # 06-22-11-11 Architecture, Landscape Architecture and Urban Design Services City of Coconut Creek, its Officers, Agents, Employees and Commission Members are named as Additional Insureds, excluding professional services, on the General and Automobile Liability. Issuing companies will provide 30 days written cancellation notice to the Certificate Holder.

AEC-9003926-01

Claims Made Form

N

f yes, describe under DESCRIPTION <u>OF OPERATIONS below</u>

Professional Liability

В

CERTIFICATE HOLDER	CANCELLATION
City of Coconut Creek	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4800 West Copans Road	AUTHORIZED REPRESENTATIVE
Coconut Creek FL 33063	Sum 2 Collisionth

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Policy Aggregate

6/16/2015 6/16/2016 Each Claim