

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/30/2019

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 liquid such and recomment(s).

	BROGATION IS WAIVED, subject to certificate does not confer rights to		•	licy, certain policies may require an endorsement. A statement on n endorsement(s).							
PRODUCER						CONTACT Caryn Osborne					
The Fairway Insurance Group, LLC					PHONE (954) 772-9819 FAX (954) 772-9564						
5461 North Federal Highway					(A/C, No, Ext): (A/C, No): (A/C, No): (BO4) / 1/2-3504 E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC #					
Fort Lauderdale FL 33308						INSURER A: Progressive Express Insurance Company					
INSURED						INSURER B:					
Topline Recreation, Inc.						INSURER C:					
2922 Howland Boulevard					INSURER D:						
Suite 3					INSURER E :						
Deltona				FL 32725	INSURER F:						
COVERAGES CERTIFICATE NUMBER: CL1812211542						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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
GI	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
A	JTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	00,000	
≥	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS	Y						BODILY INJURY (Per person)	\$		
Α				02819424-3		01/01/2019	01/01/2020	BODILY INJURY (Per accident)	\$		
≥	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED LOTH	\$		
	ORKERS COMPENSATION ID EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER	ــــــ		
AN OF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	andatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
DÉ	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCEI	PTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	OPD 4	01 Additional Remarks Schodule	may bo o	ttached if more a	nace is required)		Ь		
2019 To 2017 F	oyota Tundra VIN #5TFAY5F15KX79579: ord Escape VIN #1FMCU0GD9HUE0212 Hollywood is listed as Additional Insured	3 25			may be a	mached ii more s _i	sace is required)				
CERTIFICATE HOLDER						CANCELLATION					
City of Hollywood 2600 Hollywood Blvd						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					
Hollywood I				FL 33020	Edward Brown						