CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/27/2023

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).

Holder Identifier :

PRODUCER
Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive
Suite 1100
Miami FL 33131 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Safety National Casualty Corp	15105
INSURER B:	Fortegra Specialty Insurance Company	16823
INSURER C:	Lloyd's Syndicate No. 2987	AA1128987
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
St. Vincent Catholic Church
6350 NW 18 St.
Margate FL 33063 USA

COVERAGES **CERTIFICATE NUMBER:** 570099201387 **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,

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR X Med Pay Part of SIR X SIR $250,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			BP1027423 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EACH OCCURRENCE	$2,250,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$2,250,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$2,250,000
							GENERAL AGGREGATE	$2,250,000
							PRODUCTS - COMP/OP AGG	$2,250,000
							Agg. All Coverages	$2,250,000
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			BP1027423 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$2,250,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							Self-Insured Retention	$250,000
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION						EACH OCCURRENCE	
							AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		ABL100004302 Retention $300,000 Ea. Oc SIR applies per policy terms & conditions	04/01/2023	04/01/2024	PER STATUTE / X OTH-ER	
							E.L. EACH ACCIDENT	$450,000
							E.L. DISEASE-EA EMPLOYEE	$450,000
							E.L. DISEASE-POLICY LIMIT	$450,000
A	Excess Workers Compensation			SP4066453 Ex WC Statutory Limits SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EL Max. Per Occ. SIR Per Occ.	$1,000,000 $750,000

Certificate No : 570099201387

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

CERTIFICATE HOLDER

St. Vincent Catholic Church
6350 NW 18 St.
Margate FL 33063 USA

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

Aon Risk Services Inc. of Florida

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/05/2023

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PRODUCER
Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive
Suite 1100
Miami FL 33131 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURED
St. Vincent Catholic Church
6350 NW 18 St.
Margate FL 33063 USA

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Safety National Casualty Corp	15105
INSURER B:	Fortegra Specialty Insurance Company	16823
INSURER C:	Lloyd's Syndicate No. 2987	AA1128987
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570098925079 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR X Med Pay Part of SIR X SIR $250,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			BP1027423 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EACH OCCURRENCE	$2,250,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$2,250,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$2,250,000
							GENERAL AGGREGATE	$2,250,000
							PRODUCTS - COMP/OP AGG	$2,250,000
							Agg. All Coverages	$2,250,000
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			BP1027423 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$2,250,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							Self-Insured Retention	$250,000
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION						EACH OCCURRENCE	
							AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		ABL100004302 Retention $300,000 Ea. Oc SIR applies per policy terms & conditions	04/01/2023	04/01/2024	PER STATUTE / X OTH-ER	
							E.L. EACH ACCIDENT	$450,000
							E.L. DISEASE-EA EMPLOYEE	$450,000
							E.L. DISEASE-POLICY LIMIT	$450,000
A	Excess Workers Compensation			SP4066453 Ex WC Statutory Limits SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EL Max. Per Occ. SIR Per Occ.	$1,000,000 $750,000

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

CERTIFICATE HOLDER

Margate Elementary School
6300 NW 18th Street
Margate FL 33063 USA

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

Aon Risk Services Inc. of Florida

Holder Identifier :

Certificate No : 570098925079

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/05/2023

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PRODUCER
Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive
Suite 1100
Miami FL 33131 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Safety National Casualty Corp	15105
INSURER B:	Fortegra Specialty Insurance Company	16823
INSURER C:	Lloyd's Syndicate No. 2987	AA1128987
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
St. Vincent Catholic Church
6350 NW 18 St.
Margate FL 33063 USA

COVERAGES **CERTIFICATE NUMBER:** 570098924706 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Med Pay Part of SIR X SIR $250,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			BP1027423 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EACH OCCURRENCE	$2,250,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$2,250,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$2,250,000
							GENERAL AGGREGATE	$2,250,000
							PRODUCTS - COMP/OP AGG	$2,250,000
							Agg. All Coverages	$2,250,000
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BP1027423 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$2,250,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							Self-Insured Retention	$250,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION						EACH OCCURRENCE	
							AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		ABL100004302 Retention $300,000 Ea. Oc SIR applies per policy terms & conditions	04/01/2023	04/01/2024	PER STATUTE X OTH-ER	
							E.L. EACH ACCIDENT	$450,000
							E.L. DISEASE-EA EMPLOYEE	$450,000
							E.L. DISEASE-POLICY LIMIT	$450,000
A	Excess Workers Compensation			SP4066453 Ex WC Statutory Limits SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EL Max. Per Occ. SIR Per Occ.	$1,000,000 $750,000

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

CERTIFICATE HOLDER

Cokesbury United Methodist Church
1801 NW 65th Avenue
Margate FL 33063 USA

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

Aon Risk Services Inc. of Florida

Holder Identifier :

Certificate No : 570098924706

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/10/2023

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PRODUCER
Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive
Suite 1100
Miami FL 33131 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Safety National Casualty Corp	15105
INSURER B:	Fortegra Specialty Insurance Company	16823
INSURER C:	Lloyd's Syndicate No. 2987	AA1128987
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
St. Vincent Catholic Church
6350 NW 18 St.
Margate FL 33063 USA

COVERAGES **CERTIFICATE NUMBER:** 570098965880 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Med Pay Part of SIR X SIR $250,000 GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		BP1027423 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EACH OCCURRENCE	$2,250,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$2,250,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$2,250,000
							GENERAL AGGREGATE	$2,250,000
							PRODUCTS - COMP/OP AGG	$2,250,000
							Agg. All Coverages	$2,250,000
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BP1027423 SIR applies per policy terms & conditions	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$2,250,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
							Self-Insured Retention	$250,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION						EACH OCCURRENCE	
							AGGREGATE	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		ABL100004302 Retention $300,000 Ea. Oc SIR applies per policy terms & conditions	04/01/2023	04/01/2024	PER STATUTE X OTH-ER	
							E.L. EACH ACCIDENT	$450,000
							E.L. DISEASE-EA EMPLOYEE	$450,000
							E.L. DISEASE-POLICY LIMIT	$450,000
A	Excess Workers Compensation			SP4066453 Ex WC Statutory Limits SIR applies per policy terms & conditions	04/01/2023	04/01/2024	EL Max. Per Occ. SIR Per Occ.	$1,000,000 $750,000

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

The Most Reverend Thomas G. Wenski and City of Margate, FL are included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

City of Margate
5790 Margate Blvd.
Margate FL 33063 USA

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

Aon Risk Services Inc. of Florida

Holder Identifier :

Certificate No : 570098965880

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