

DATE (MM/DD/YYYY) 9-18-25

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: | Thomas Plouffe | | | | | |
| Specialty Insurance, LTD. | | PHONE (A/C, No, Ext): | PHONE (A/C, No, Ext): 203-931-7095 FAX (A/C, No): 203- | | | | | |
| P.O. Box 16901 | | E-MAIL ADDRESS: | Certificates@specialtyinsuran | celtd.com | | | | |
| West Haven, CT 06516 | | | INSURER(S) AFFORDING COVERAGE | | NAIC # | | | |
| | | INSURER A : A | dmiral Insurance Company | | 24856 | | | |
| INSURED | INSURER B: | | | | | | | |
| • . | KA Hildebrand Amusement Rides, Inc | INSURER C : | | | | | | |
| 502 West 7th Street, Suite 100 | | INSURER D : | | | | | | |
| Erie, PA 16502 | | INSURER E : | | | | | | |
| | | | | | | | | |
| COVERAGES | CERTIFICATE NUMBER: | | REVISION NU | MBER: | | | | |
| | DLICIES OF INSURANCE LISTED BELOW HA | | | | | | | |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CEPTIFICATE MAY BE ISSUED OR MAY DEPTAIN. THE INSURANCE AFFORDED BY THE BOURGES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS | | | | | | | | |

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR | The state of the s | ADDL SUBF | | POLICY EFF | POLICY EXP | | |
|------|--|-----------|----------------|--------------|--------------|---|--------------|
| LTR | TYPE OF INSURANCE | INSD WVD | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT | S |
| Α | X COMMERCIAL GENERAL LIABILITY | Υ | CA000057645-01 | 5/29/25 | 5/29/26 | EACH OCCURRENCE | \$ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | | | | | | MED EXP (Any one person) | \$ Excluded |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | X POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | OTHER: | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED X SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ |
| | DED RETENTION\$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | X PER OTH- STATUTE ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) | 17.2 | | | | 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)

City of Margate, City of Margate Community Redevelopment Agency, and Spring Fling at Margate are added as an additional insured when required by written contract, but only with respects to the operations of the named insured during the policy period.

Name of Event: The Fair at Margate

Event dates: November 10-December 10, 2025 (includes set up and tear down)

| CERTIFICAT | TE HOLDER | CANCELLATION |
|------------|--|--|
| | City of Margate 5790 Margate Boulevard Margate, FL 33063 | 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 |
| ı | | 0 1 |



DATE (MM/DD/YYYY) 09/18/2025

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.

| thi | SUBROGATION IS WAIVED, subject to the s certificate does not confer rights to the UCER | | | | | ndorsement | | require an endorsement. A sta | itement on | |
|--|---|-----------------------|----------------------------|--|--|--|---|---|------------|--|
| | alty Insurance LTD | | | | NAME | | Commercial Lin | les Customer and Agent Servicing | | |
| | OX 16901, WEST HAVEN, CT 06516 | | | | (A/C, No, Ext): 1-800-444-4487 (A/C, No): | | | | | |
| | | | | | E-MAI ADDR | ESS: progressi | vecommercial(| @email.progressive.com | 1 | |
| | | | | | | INSUF | RER(S) AFFORD | ING COVERAGE | NAIC # | |
| | | | | | INSUR | ER A: Progres | sive Express I | nsurance Company | 10193 | |
| INSU | | | | | INSUR | ER B : | | | | |
| | L CARLEY HOLDINGS LLC IW 79th St | | | | INSUR | ER C : | | | | |
| | i, FL 33150 | | | | INSUR | ER D : | | | | |
| | | | | | INSUR | ER E : | | | | |
| | | | | | INSUR | ER F : | | | | |
| cov | ERAGES CERTIFIC | CATE | NUM | BER: 8884756490261 | 184223 | D091825T1752 | 233 | REVISION NUMBER: | | |
| INI CE | IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUIR RTIFICATE MAY BE ISSUED OR MAY PERT CLUSIONS AND CONDITIONS OF SUCH POLIC | REMEN AIN, SIES. L | IT, TE THE II LIMITS | RM OR CONDITION NSURANCE AFFORD SHOWN MAY HAVE | OF AN | NY CONTRAC 7 THE POLICI REDUCED BY | T OR OTHER ES DESCRIBI PAID CLAIMS. | R DOCUMENT WITH RESPECT TO NEED HEREIN IS SUBJECT TO ALL T | WHICH THIS | |
| LTR | TYPE OF INSURANCE | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | , | EACH OCCURRENCE \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | | |
| | | | | | | | | MED EXP (Any one person) \$ | | |
| | | | | | | | | PERSONAL & ADV INJURY \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| | OTHER: | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$1,000,00 | 0 | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | |
| Α | OWNED X SCHEDULED AUTOS ONLY | Υ | N | 862371961 | | 08/29/2025 | 02/28/2026 | BODILY INJURY (Per accident) \$ | | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | |
| | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ | | |
| | EXCESS LIAB CLAIMS-MADE | 1 | | | | | | AGGREGATE \$ | | |
| | DED RETENTION \$ WORKERS COMPENSATION | | | | | | | | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | STATUTE OTH- E.L. EACH ACCIDENT \$ | | |
| | OFFICER/MEMBEREXCLUDED? | N/A | | | | | | i i | | |
| | If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | | |
| | DESCRIPTION OF OPERATIONS below See ACORD 101 for additional coverage details. | | | | | | | s | | |
| Α | | Υ | N | 862371961 | | 08/29/2025 | 02/28/2026 | | | |
| DESC | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES | (ACOF | RD 101, | Additional Remarks Sch | edule, r | nay be attached | if more space is | required) | | |
| CER | TIFICATE HOLDER | | | | CAN | CELLATION | | | | |
| City of Margate 5790 Margate Boulevard Margate, FL 33063 | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | | | AUTHO | ORIZED REPRES | | Mark Part | | |

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC #: | |



ADDITIONAL REMARKS SCHEDULE

Page <u>1</u> of <u>1</u>

| AGENCY | NAMED INSURED NIGEL CARLEY HOLDINGS LLC 215 NW 79th St Miami. FL 33150 | | | |
|---------------------------------------|---|---|--|--|
| Specialty Insurance LTD | | | | |
| POLICY NUMBER | | | | |
| 862371961 | | 141111111111111111111111111111111111111 | | |
| CARRIER | NAIC CODE | | | |
| Progressive Express Insurance Company | EFFECTIVE DATE : 08/29/2025 | | | |
| ADDITIONAL DEMARKS | | | | |

ADDITIONAL REMARKS

| THIS ADDITIONAL REMARKS FORM IS A SO | · | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance | | | | | | | | | |
| | | | | | | | | | |
| Additional Coverages | | | | | | | | | |
| Insurance coverage(s) | Limits | | | | | | | | |
| Personal Injury Protection | \$10,000 w/\$0 Ded - Named Insured Only | | | | | | | | |
| Uninsured Motorist -Nonstacked | \$10,000/\$20,000 | | | | | | | | |
| | | | | | | | | | |
| Description of Location/Vehicles/S | pecial Items | | | | | | | | |
| Scheduled autos only | | | | | | | | | |
| 2020 FORD F350 1FD8W3GT9LEE5253 | 5 | | | | | | | | |
| Comprehensive | \$1,000 Ded | | | | | | | | |
| Collision | \$2,500 Ded | | | | | | | | |
| 2021 FORD F450 1FD0W4GTXMEC1383 | 38 | | | | | | | | |
| Comprehensive | \$1,000 Ded | | | | | | | | |
| Collision | \$2,500 Ded | | | | | | | | |
| 2021 FORD F450 1FD0W4GTXMEC1383 | 37 | | | | | | | | |
| Comprehensive | \$1,000 Ded | | | | | | | | |
| Collision | \$2,500 Ded | | | | | | | | |

Additional Information

The Certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.

| | | CERTIFICAT | E OF LIAE | 3IL | ITY INS | SURANCE | | Date 9/17/2025 | | |
|--|---------------|---|-----------------------|---|--|-------------------------------------|---|----------------------|--|--|
| Pro | ducer: | Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 | | | of information only and co his Certificate does not am policies below. | | | | | |
| (727) 938-5562 | | | | | : | Insurers Affording Cove | erage | NAIC # | | |
| Insured: South East Personnel Leasing, 2739 U.S. Highway 19 N. Holiday, FL 34691 | | Inc. & Subsidiaries | | Insurer A: Insurer B: Insurer C: Insurer D: | | 11075 | | | | |
| | | | | | Insurer E: | | | | | |
| The po | spect to w | isurance listed below have been issued to the insured hich this certificate may be issued or may pertain, the have been reduced by paid claims. | | | | | | | | |
| INSR LTR | ADDL INSRD | Type of Insurance | Policy Number | | cy Effective (MM/DD/YY) | Policy Expiration Date(MM/DD/YY) | Limits | 3 | | |
| | | GENERAL LIABILITY | | | | | Each Occurrence | \$ | | |
| | | Commercial General Liability Claims Made Occur | | | | | Damage to rented premises (EA occurrence) | \$ | | |
| | | H | | | | | Med Exp | \$ | | |
| | | Consuel annuanta Park and Park | | | | | Personal Adv Injury | \$ | | |
| | | General aggregate limit applies per: Policy Project LOC | | | | | General Aggregate | \$ | | |
| | | Policy Project LOC | | | | | Products - Comp/Op Agg | \$ | | |
| | | AUTOMOBILE LIABILITY | | | | | Combined Single Limit | | | |
| | | Any Auto | | | | | (EA Accident) | \$ | | |
| | | All Owned Autos | | | | | Bodily Injury | | | |
| | | 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 Deductible | | | | | Aggregate | | | |
| Α | | ers Compensation and byers' Liability | WC 71949 | 01 | /01/2025 | 01/01/2026 | X WC Statu- tory Limits OTH- ER | | | |
| | Any pro | prietor/partner/executive officer/member | | | | | E.L. Each Accident | \$1,000,000 | | |
| | | d? NO | | | | | E.L. Disease - Ea Employee | \$1,000,000 | | |
| | ir Yes, c | describe under special provisions below. | | | | | E.L. Disease - Policy Limits | \$1,000,000 | | |
| | Other | | Lion Insura | nce (| Company is A | .M. Best Company r | ated A (Excellent). AMI | 3 # 12616 | | |
| | • | s of Operations/Locations/Vehicles/Exapplies to active employee(s) of South East Pe | | • | | • | | 92-71-697 | | |
| | , | , | - | | sement Rides, | - | • | | | |
| Cover A list | age does | applies to injuries incurred by South East Pers not apply to statutory employee(s) or indeper tive employee(s) leased to the Client Company e: | ndent contractor(s) c | of the C | lient Company o | r any other entity. | | | | |
| ISSUI | E 09-17-2 | 25 (PH) | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CED | TIEICATE | : HOLDER | | | NCELL ATION | | Begin Da | te: 6/16/2025 | | |
| CER | | HOLDER TY OF MARGATE | | Sho | rer will endeavor to | mail 30 days written notice to | lled before the expiration date there the certificate holder named to the d upon the insurer, its agents or rep | left, but failure to | | |
| | 579 | 90 MARGATE BOULEVARD | | uo s | onan impose no | 7.1506.17 10-21 | | | | |
| | | ARGATE, FL 33063 | | Down tam | | | | | | |



DATE (MM/DD/YYYY) 9-17-25

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

| | endersement(s): | | | | |
|--------------------------------|-----------------------------------|--------------------------|-------------------------------|-------------------------|---------|
| PRODUCER | | CONTACT NAME: | Thomas Plouffe | | |
| Specialty Insurance, LTD. | | PHONE (A/C, No, Ext): | 203-931-7095 | FAX (A/C, No): 203-9 | 31-0682 |
| P.O. Box 16901 | | E-MAIL ADDRESS: | Certificates@specialtyinsuran | celtd.com | |
| West Haven, CT 06516 | | | NAIC# | | |
| | | INSURER A : AC | 24856 | | |
| INSURED | | INSURER B: | | | |
| | A Hildebrand Amusement Rides, Inc | INSURER C: | | | |
| 502 West 7th Street, Suite 100 | | INSURER D : | | | |
| Erie, PA 16502 | | INSURER E : | | | |
| | | INSURER F: | | | |
| COVERAGES | CERTIFICATE NUMBER: | | REVISION NUI | MBFR: | |

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 | ADDL S | SUBR | | POLICY EFF | POLICY EXP | LIMIT | |
|-------------|--|--------|------|----------------|------------|------------|---|-----------------|
| A | X COMMERCIAL GENERAL LIABILITY | Y | WVD | CA000057645-01 | 5/29/25 | 5/29/26 | EACH OCCURRENCE | \$ 1,000,000 |
| | CLAIMS-MADE X OCCUR | ' | | CA000037043-01 | 3123123 | 3/23/20 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | | | | | | | MED EXP (Any one person) | \$ Excluded |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | X POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | OTHER: | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED X SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X PER OTH- STATUTE ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) | | | | | | 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)

City of Margate and the Fair at Margate are added as an additional insured when required by written contract, but only with respects to the operations of the named insured during the policy period.

Name of Event: The Fair at Margate

Event dates: November 10-December 10, 2025 (includes set up and tear down)

| CERTIFICATE HOLDER | CANCELLATION |
|---|--|
| City of Margate Community Redevelopment Agency 500 City Center 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. |
| Margate, FL 33063 | AUTHORIZED REPRESENTATIVE |



DATE (MM/DD/YYYY) 09/18/2025

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).

| | SUBROGATION IS WAIVED, subject to the s certificate does not confer rights to the | | | | | | | require an endorsei | nent. A sta | atement on | |
|--|--|-----------------------------------|------------------------------------|--|--|--|--|--|-------------|------------|--|
| PRO | DUCER | | | | CONT | ACT | . / | es Customer and Agent S | Servicina | | |
| | ialty Insurance LTD BOX 16901, WEST HAVEN, CT 06516 | | | | PHONE FAX | | | | | | |
| | | | | | (A/C, No, Ext): 1-800-444-4487 (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com | | | | | | |
| | | | | | ADDIX | | | ING COVERAGE | | NAIC # | |
| | | | | | INCLIE | | | nsurance Company | | 10193 | |
| INSU | RED | | | | | RER B: | SIVE EXPIESS I | risurance Company | | 10193 | |
| | EL CARLEY HOLDINGS LLC | | | | | RER C : | | | | | |
| | NW 79th St ni, FL 33150 | | | | | RER D : | | | | | |
| | | | | | | RER E : | | | | | |
| | | | | | | RER F : | | | | | |
| CO | /ERAGES CERTIFIC | CATE | NUM | BER: 8884756490261 | 184223 | D091825T1754 | 153 | REVISION NUMBER | ₹. | | |
| IN CE E) | IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUIFERTIFICATE MAY BE ISSUED OR MAY PERTICULUSIONS AND CONDITIONS OF SUCH POLICI | INSUF REMEN AIN, CIES. L | RANCE IT, TE IHE II IMITS | E LISTED BELOW HA ERM OR CONDITION NSURANCE AFFORD S SHOWN MAY HAVE I | VE BE OF AN | EN ISSUED T NY CONTRAC 'THE POLICI REDUCED BY | O THE INSUIT OR OTHER ES DESCRIBI PAID CLAIMS. | RED NAMED ABOVE FOR DOCUMENT WITH REED HEREIN IS SUBJECT | OR THE POL | WHICH THIS | |
| INSR LTR | | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ | | |
| | CLAIMS-MADE OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence | e) \$ | | |
| | | | | | | | | MED EXP (Any one person | , , | | |
| | | | | | | | | PERSONAL & ADV INJUR | Y \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | |
| | POLICY JECT LOC | | | | | | | PRODUCTS - COMP/OP A | .GG \$ | | |
| | OTHER: | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | - \$ | | |
| | ANY AUTO | | | | | | | | | 00 | |
| Α | OWNED AUTOS ONLY X SCHEDULED | Y | N | 862371961 | | 08/29/2025 | 02/28/2026 | BODILY INJURY (Per pers | | | |
| , , | X HIRED X NON-OWNED AUTOS ONLY | ' | IN | 60237 1901 | | 06/29/2025 | 02/20/2020 | PROPERTY DAMAGE (Per accident) | | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | 1 | | | | | | | \$ | | |
| | WORKERS COMPENSATION | | | | | | | SERTUTE P | | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | OFFICER/MEMBEREXCLUDED? (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLO | YEE\$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LI | MIT \$ | | |
| Α | See ACORD 101 for additional coverage details. | Y | N | 862371961 | | 08/29/2025 | 02/28/2026 | \$ | | | |
| DESC | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | |
| CEF | RTIFICATE HOLDER | | | | CANO | CELLATION | | | | | |
| City of Margate, City of Margate Communi ty Redevelopment Agency 500 City Center Blvd Margate, FL 33063 | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
| | , | | | | AUTHO | ORIZED REPRES | | Mark Part | | | |

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC #: | |



ADDITIONAL REMARKS SCHEDULE

Page <u>1</u> of <u>1</u>

| AGENCY | | NAMED INSURED | | |
|---|---------------------------|------------------------------------|--|--|
| Specialty Insurance LTD | NIGEL CARLEY HOLDINGS LLC | | | |
| POLICY NUMBER | | 215 NW 79th St Miami, FL 33150 | | |
| 862371961 | | | | |
| CARRIER NAIC CODE | | | | |
| Progressive Express Insurance Company 10193 | | EFFECTIVE DATE : 08/29/2025 | | |
| ADDITIONAL DEMARKS | | | | |

ADDITIONAL REMARKS

| THIS ADDITIONAL REMARKS FORM IS A SO | · |
|--------------------------------------|---|
| FORM NUMBER: 25 FORM TITLE: | Certificate of Liability Insurance |
| | |
| Additional Coverages | |
| Insurance coverage(s) | Limits |
| Personal Injury Protection | \$10,000 w/\$0 Ded - Named Insured Only |
| Uninsured Motorist -Nonstacked | \$10,000/\$20,000 |
| | |
| Description of Location/Vehicles/S | pecial Items |
| Scheduled autos only | |
| 2020 FORD F350 1FD8W3GT9LEE5253 | 5 |
| Comprehensive | \$1,000 Ded |
| Collision | \$2,500 Ded |
| 2021 FORD F450 1FD0W4GTXMEC1383 | 88 |
| Comprehensive | \$1,000 Ded |
| Collision | \$2,500 Ded |
| 2021 FORD F450 1FD0W4GTXMEC1383 | 37 |
| Comprehensive | \$1,000 Ded |
| Collision | \$2,500 Ded |

Additional Information

The Certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.

| | | CERTIFICAT | E OF LIAI | BIL | ITY INS | SURANCE | | Date 9/17/2025 |
|--------------------|--|--|--|--|---|---|--|-------------------------|
| Proc | roducer: Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 | | | This Certificate is issued as a matter of information only and rights upon the Certificate Holder. This Certificate does not a or alter the coverage afforded by the policies below. | | | | |
| | | (727) 938-5562 | | | Insurers Affording Coverage | | | NAIC # |
| Insu | sured: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691 | | | aries | Insurer A: Lion Insurance Company Insurer B: Insurer C: Insurer D: Insurer E: | | | 11075 |
| Cove | rages | | | | mound L. | | <u></u> | |
| The po with res | licies of ir spect to w | nsurance listed below have been issued to the insured hich this certificate may be issued or may pertain, the v have been reduced by paid claims. | | | | | | |
| INSR LTR | ADDL INSRD | | Policy Number | | cy Effective (MM/DD/YY) | Policy Expiration Date(MM/DD/YY) | Lim | its |
| | | GENERAL LIABILITY | | | | | Each Occurrence | \$ |
| | | Commercial General Liability Claims Made Occur | | | | | Damage to rented premises (E. occurrence) | A \$ |
| | | H | | | | | Med Exp | \$ |
| | | Conoral aggregate limit and line and | | | | | Personal Adv Injury | \$ |
| | | General aggregate limit applies per: Policy Project LOC | | | | | General Aggregate | \$ |
| | | Policy Project LOC | | | | | Products - Comp/Op Agg | \$ |
| | | AUTOMOBILE LIABILITY | | | | | Combined Single Limit | |
| | | Any Auto | | | | | (EA Accident) | \$ |
| | | All Owned Autos | | | | | Bodily Injury | |
| | | Scheduled Autos | | | | | (Per Person) | \$ |
| | | Hired Autos | | | | | Bodily Injury (Par Accident) | ¢ |
| | | Non-Owned Autos | | | | | (Per Accident) | Þ |
| | | | | | | | Property Damage (Per Accident) | \$ |
| | | EXCESS/UMBRELLA LIABILITY | | | | | Each Occurrence | |
| | | Occur Claims Made Deductible | | | | | Aggregate | |
| | | ers Compensation and opers' Liability | WC 71949 | 0′ | 01/01/2025 | 01/01/2026 | X WC Statu- tory Limits ER | H- |
| | • | prietor/partner/executive officer/member | | 0170172020 | | 01/01/2020 | E.L. Each Accident | \$1,000,000 |
| | exclude | d? NO | | | | | E.L. Disease - Ea Employe | e \$1,000,000 |
| | If Yes, o | describe under special provisions below. | | | | | E.L. Disease - Policy Limits | \$1,000,000 |
| | Other | | Lion Insura | ance (| Company is A | .M. Best Company r | ated A (Excellent). AN | 1B # 12616 |
| | • | s of Operations/Locations/Vehicles/Exapplies to active employee(s) of South East Pe | ersonnel Leasing, Inc | . & Sul | | e leased to the following "G | | 92-71-697 |
| Covera | age does | applies to injuries incurred by South East Pers s not apply to statutory employee(s) or indeper tive employee(s) leased to the Client Company | onnel Leasing, Inc. 8 ndent contractor(s) o | & Subsi of the C | diaries active em Client Company o | ployee(s), while working rany other entity. | | |
| - | ct Name = 09-17-2 | | | | | | | |
| | | | | | | | | |
| | | | | | | | Begin [| Date: 6/16/2025 |
| CER | | HOLDER TY OF MARGATE | | Sho | | | elled before the expiration date the | |
| | | DMMUNITY REDEVELOPMENT AGENCY | | insu | ırer will endeavor to | mail 30 days written notice to | the certificate holder named to the dupon the insurer, its agents or its | ne left, but failure to |
| | | 0 CITY CENTER BLVD | | \vdash | • | 7.1506.17 20-0 | | |
| MARGATE, FL 33063 | | | | 1 | Dour Farm | | | |