

City of Margate DEVELOPMENT REVIEW COMMITTEE Application for Outdoor Event

Submittal	Date	(official	use):
Submittui	Duic	(OIIICIUI	use	,

OF FLOR	5790 Margate Blvd., 954-972		1210 14
Project Name FOOD BANK BE	NEFIT AND CAR SHO	W	
Address 5701 Margate	Boulevard Marga	ite, Florida 33063	DRC# 01 - 15 - 03
Acreage	Folio Number		Paid:
Existing Use			
Legal Description			
Petitioners interested in renting with a minimum rental of four to availability. Official rental of Recreation Department.	g the City's portable stage hours for the use of the s	tage, plus labor costs of \$75/hr	nall be charged \$50/hr . Rentals shall be subject
Agent/Contact Name Geraldir	ne Versetti/Cokes	sbury United Method	list Church
Address 1801 NW 65th Avenu	ie Margat	e, FL 33063	
Phone Number 954-979-985	5	Fax Number 954-972-346	6
Email Address versetti@bellsou	ıth.net		
Property Owner Name			
Address			
Phone Number		Fax Number	
Email Address			
	e on my behalf, must be present at	the DRC meeting. I further understand the	
Property Owner's Signature		Date	



Cokesbury United Methodist Church

1801 N.W. 65 AVE., MARGATE, FLORIDA 33063 TELEPHONE (954) 972-3424 FAX (954) 972-3466

Cheryl Jane (CJ) Walter Pastor

April 29, 2014

Development Review Committee City of Margate Florida 5790 Margate Boulevard Margate, FL 33063

To Whom it may concern,

This letter is a request for Cokesbury United Methodist Church to have use of the land located at the Northwest corner of Margate Boulevard and North State Road 7 for the purpose of having a car show and food vendors for the benefit of Cokesbury United Methodist Church's Food Bank. We contribute food to approximately 300 people who need help twice a month.

We are requesting the use of this property for one day, Saturday, February 28, 2015. The operating hours will be from 8 am until 5 pm. We will be providing a final layout of the event and obtaining permits required from the City of Margate.

Parking will be located on the same property site. Lighting will not be necessary because of the daylight hours of operation.

Port-a-potties and hand-washing sinks will be provided.

Respectfully,

COKESBURY UNITED METHODIST CHURCH

Geraldine Versetti New Ventures Chairperson

GV/lsg

Board Members

Frank Talerico Chair

Joanne Simone Vice Chair

Joyce W. Bryan Board Member

Lesa Peerman Board Member

Tommy Ruzzano Board Member



Staff

Douglas E. Smith Executive Director

Rachel Bach Assistant Director

Kim Vazquez Project Manager

Rita Rodi CRA Coordinator

December 2, 2014

Reverend Cheryl Jane Walter Cokesbury United Methodist Church 1801 N.W. 65th Avenue Margate, Florida 33063

Reverend Walter:

The purpose of this letter is to confirm that the Margate Community Redevelopment Agency (MCRA) Board approved a request from Cokesbury United Methodist Church for use of MCRA-owned property for a car show event to benefit the food bank. The approval was for use of the property located at the northwest corner of Margate Boulevard and State Road 7 (5701 Margate Boulevard) on Saturday, February 28, 2015 during the hours of 8:00 a.m. and 5:00 p.m.

The MCRA Board approved the request and a waiver of fees for the use of the property at the MCRA meeting held on September 10, 2014. A copy of the approved meeting minutes are attached.

Please do not hesitate to call our office with any questions.

Sincerely,

Rita Rodi

CRA Coordinator

Attachment

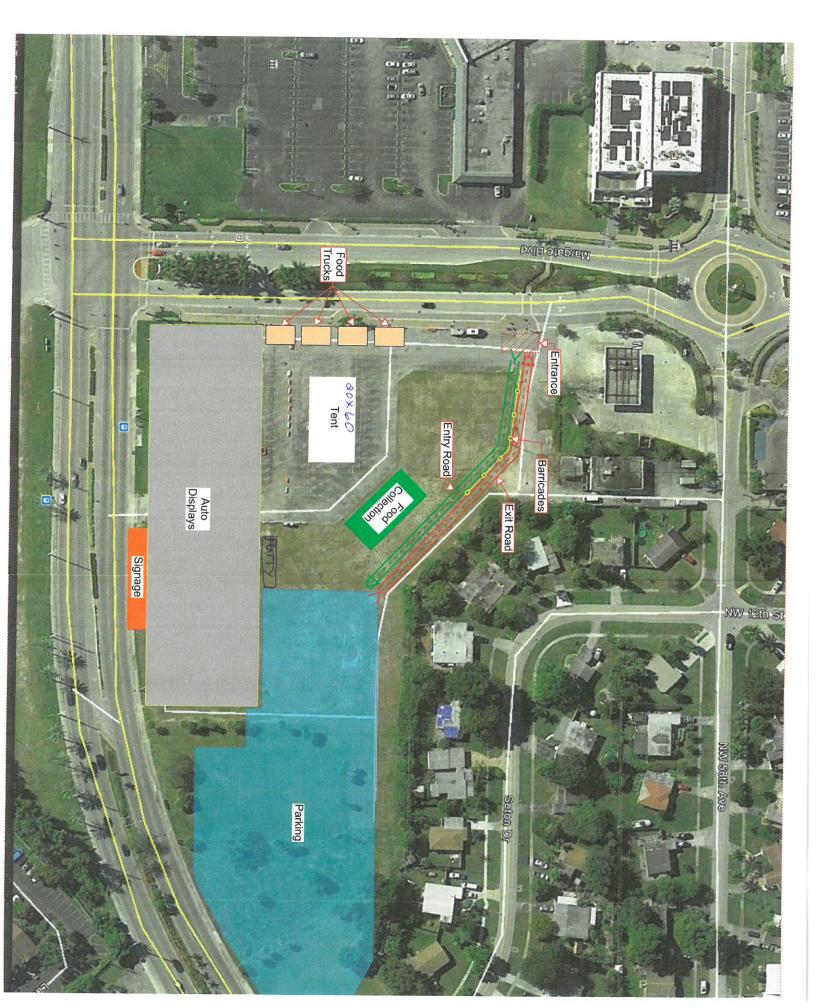
CITY OF MARGATE



HOLD-HARMLESS AGREEMENT

RE: OUTDOOR EVENT

Event Name/Description: FOOD BANK BENEF	TIT AND CAR SHOW
Event Location: 5701 Margate Boulevard	Margate, Florida 33063
Date(s) Of Event: February 28, 2015	
Property Legal Description: Empty lot owned by	/ City of Margate
A portion of parcel Z, "MARGATE 3RD ADDIT	TON" According to the plat thereof as recorded
in Platbook 44, Page 48 of the public records	of Broward County, Florida
City of Margate, Florida, the petitioner(s) appearing	24, of Article III, of Appendix A, of the Code of the g before the Development Review Committee for the hereby agree to indemnify, defend, and hold the City ut of the planning, organizing, or operation of this
Petitioner's Signature: Gonaldine	Versette
Petitioner's Printed Name: Geraldine Versetti	
Petitioner's Official Title: New Ventures Chairp	erson
Organization/Corporation: Cokesbury United Me	ethodist Church
Subscribed and sworn to before me this	August Notary Public State of Florida Rita Rodi My Commission EE 197653 Expires 07/21/2016 Notary's Seal
Personally known to me.	
Produced identification: FL DL	



ESTIMATE

Tents N Events 1790 Mears Pkwy. Margate, FL. 33063 Phone 954-979-7456 Fax 954-979-7847



Estimate #	Feb2015		
Estimate Date	9/8/2014		

Event Date:	
Set-Up:	
Pick UP:	

Price Each

Total

DELIVER To/ Event Location:

Len Mills 5124 NW 42nd terrace. Coconut Creek, FL 33073

Qtv

BILL To (ONLY):

Len Mills 5124 NW 42nd terrace. Coconut Creek, Fl 33073

Description

Customer Phone	954-261-7259		Surface:
Customer Alt. Phone		,	
Customer Fax			15
Customer E-mail	lenmills1@comcast.net	7 - 7s	

Gery	Description	I lice Lacii	1 Otal
I	20' x 30' White Top Frame Delivery & Pick Up (During Regular Delivery Hours: EST 9AM – 4PM Mon-Sat, Sunday Closed)	360.00 50.00	360.00T 50.00T
¥			
	- 0		
	Deposit paid Deposit paid	**	
	Lew Mills	2	

SIDEWALL S ARE NOT A WIND BARRIER * EXTRA CHARGE FOR RAIN GUTTER S ANDIOR EXTENDED LEGS

TO AVOID ADDITIONAL CHARGES, ALL PRICES DO NOT INCLUDE SETTING-UP OR BREAK-DOWN OF TABLES OR CHARS.

TO AVOID ADDITIONAL CHARGES, ALL PRICES DO NOT INCLUDE SETTING-UP OR BREAK-DOWN OF TABLES OR CHARGE

SEA/AUASILE FOR RICK UP THE DAY AFTER THE EXPIT. ALL DECEMBING IS AVOID RESPONSIBLY FRICE CUTTE GOOD FOR 60 DAYS. In the relay acceptable in seponsibility from the inner of before your properties. It is not seponsibly of the relater. THE EXPIT. ALL DECEMBING IS AVOID RESPONSIBLY FRICE CUTTE GOOD FOR 60 DAYS. In a substitution of the relater of

Subtotal \$410.00 Tax (6.0%) \$24.60 Total \$434.60

PLEASE SIGN AND REFAX TO CONFIRM MUST CONFIRM BY

Print Page 1 of 3

Subject: RE: CAR SHOW

From: Andy Zettek (azettek@margatefl.com)

To: versetti@bellsouth.net;

Cc: apinney@margatefl.com;

Date: Thursday, October 9, 2014 12:21 PM

Hi Gerry,

After further discussion with you, I don't see a need for a police detail. Please ensure that you have someone organizing the parking for your event and keep the event and parking at the same location. If I can further assist you, please don't hesitate to contact me.

Lt. Andrew J. Zettek
Commander - Platoon III
Field Services Bureau
Margate Police Depar

Margate Police Department 5790 Margate Blvd. Margate, FL 33063 954.935.5480

azettek@margatefl.com

From: Gerry [versetti@bellsouth.net] **Sent:** Thursday, October 09, 2014 11:50

To: Andy Zettek

Subject: Re: CAR SHOW

Here is a copy of our previous email from April.... I am sending another email to you for now October 9, 2014

On Wednesday, April 2, 2014 10:34 AM, Andy Zettek <azettek@margatefl.com> wrote:

Hi Gerry,

I didn't know you were using CRA property for the event. It sounds like you can have the event and parking on the same corner. The CRA would need to place barricades across the opening on the East side of 441 (Old Swap Shop) to ensure no one parks there. There is no crosswalk on the Northeast corner and hazardous for people to cross.

You can contact Sgt. Lee Edstrand ref the Explorers, he's the advisor of the post.

https://us-mg204.mail.yahoo.com/neo/launch?.partner=sbc&.rand=2hn269u4tkc3o

10/9/2014

Print Page 2 of 3

You can contact the 12th Step Fellowship Living Facility or Margate CERT (FD) to see if they want to volunteer to assist with parking cars on the lot.

If the event and parking is held on the NW corner and there are no alcohol sales, then I don't see a need to pay for a police detail, unless you want the added security.

Keep me posted as you get more details and if the event is going to be larger with more vendors then you may consider having a detail officer to oversee parking and unexpected traffic issues (public roadway) that only the PD can handle.

Lt. Andrew J. Zettek
Commander
Investigative Services Bureau
Margate Police Department
5790 Margate Blvd.
Margate, FL 33063
954.935.5409
azettek@margatefl.com

From: Gerry [versetti@bellsouth.net]
Sent: Wednesday, April 02, 2014 10:18 AM

Subject: CAR SHOW

Hi Andy

Thank you for your email. We would appreciate anything you can suggest to help make our benefit for the Food Bank of the Cokesbury United Methodist Church to go smoothly. We feed approximately 300 two times a month and this car show will help give us a boost to our funding. The car show is on February 28, 2015 from 10 a.m. until 5 p.m. The show cars will be arriving soon after 8 a.m. We are expecting approximately 250 cars from various car clubs in the area. Would it be possible to maybe use the Explorers Unit to help with whatever we need like directing traffic or cleanup. I don't know yet because we are still in the planning stages and have to get the city's approval. I am now filling out forms and arranging for vendors. I will keep you updated when everything is official.

Do you have anyone that can help us lay out where the parking for the public could be on the lot. We are planning to use the the northwest corner of Margate Boulevard.

Any input you have is welcome. Thank you Gerry Versetti

Print Page 3 of 3

Please Note: The City of Margate is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. All e-mail messages sent and received are captured by our server and retained as public records.

Certificate of Flame Resistance







"A tent for every event"

(800) 349-0370

This certifies that the tent used by: Tents 'n' Events

Tent Size & Color $\frac{20' \times 30'}{}$

Manufactured Date ____Dec 2011

THIS IS TO CERTIFY THAT THIS MATERIAL IS MANUFACTURED FROM FLAME RETARDANT FABRIC. THIS RETARDANT IS INHERENT AND CANNOT BE REMOVED BY WASHING. APPROVED BY THE STATE FIRE MARSHALL, CALIFORNIA FIRE CODES, AND WE WILL MEET THE N.F.P.A.1, N.F.P.A.101, N.F.P.A.701 AND 50903.2 FEDERAL FIRE FIELD TEST.

FABRIC ALSO MEETS REQUIREMENTS OF MIL-C-43006D CPA1-84.

ALTHOUGH WE HAVE USED THE BEST MATERIAL AVAILABLE AND ERECTED THIS TENT IN A SAFE AND PROPER MANNER, THIS IS A TEMPORARY STRUCTURE AND COULD BECOME UNSAFE UNDER EXTREME WEATHER CONDITION.

NO SMOKING



November 14, 2014

To Whom It May Concern:

Fellowship Living Facilities, Inc. is providing Cokesbury Methodist Church with 8 Parking Security Volunteers to manage parking during the February 28th, 2015 Car Show"

Sincerely,

Rick Riccardi

CEO

Margate

Print

Subject: RE: COKESBURY UMC CAR SHOW

From:

Jochen Esser (je@gourmettruckexpo.com)

To:

versetti@bellsouth.net;

Date:

Saturday, November 1, 2014 12:12 PM

Gerry,

We are excited to be working with you on your car show.

As discussed, we will provide up to 6 food trucks. The trucks will donate 5% of sales back to you at the end of the event.

The trucks will arrive on site at 9AM for setup. They will be ready to serve food at 10AM.

Best Regards,

Jochen Esser



Jochen Esser

je@gourmettruckexpo.com | GourmetTruckExpo.com

t. 561-305-4875 | f. 561-244-3099



From: Gerry [mailto:versetti@bellsouth.net]
Sent: Friday, October 31, 2014 9:44 AM

To: Jochen Esser

Subject: COKESBURY UMC CAR SHOW

Hi Joshen

Please send me verification of our arrangement to furnish six food trucks for our February 28, 2015 car show in Margate. The show will be held on the northwest corner of Margate Boulevard and State Road 7 from 9 a.m. until 5:00 p.m.

When do your trucks set up... is it the night before or early the day of the event?

We will need proof of insurance coverage for that event to submit to the DRC in Margate.

If this is something that cannot be emailed, my mailing address is:

Gerry Versetti-Leone

6770 NW 9 Court

Margate, Florida 33063

Thank you

Gerry

Subject:	Found A Great Animal Rescue Org for your Car Show	
From:	Norma Carol (no.ca@att.net)	
То:	versetti@bellsouth.net;	
Date:	Thursday, November 13, 2014 3:51 PM	

Gerry, the organization is "Everglades Angels for Dogs" and they rescue dogs dumped in the Everglades! They get the dogs healthy and then adopt them out. I can give you the front page article from 'The Pelican". Phone number is !-800-511-3647 or email at info@evergladesangelsdogrescue.

(__/) (='.'=) (")_(") Blessii

(")_(") Blessings, Norma 954-592-9949

Norma Carol, B.A. Ministry Interpreter of Connectional Giving Staff Parish Relations Committee God's Creature Keepers Leader and Red Bird Mission Liaison at Cokesbury United Methodist Church Margate, FL 33063

Cokesbury UMC 1st Annual Car Show

Corner of 441 and Margate Blvd. Margate Florida

Saturday, February 28, 2015

Presented By

Door Prizes

ASPHALT ANGELS CAR CLUB

Trophies

Food Vendors

Palm Beach, FL

of

Fire Department Demonstrations



Family Fun

Tee Shirts

10:00 AM To 4:30 PM

Judging at 3:00 PM

Benefiting The Cokesbury United Methodist Church Food Pantry

Please Bring Non-perishable Food Items For Donation







Cokesbury United Methodist

The Asphalt Angels, Inc. is a Registered 501(c.7) Non-Profit. Proceeds donated to local charities such as PBSO Explorer Scouts, C.R.O.S, the Royal Palm Beach Dept. of Recreation for the Sunshine League. More details at www.asphaltangelscarclubinc.com.

We also support the Arthur R. Marshall Foundation for the Everglades for restoration and preservation of Florida's historic River of Grass. Check out the Foundation's website at www.artmarshall.com. For Information contact Sharon @ 561-856-8449



DATE(MM/DD/YYYY) 01/06/2015

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

Risk Services, Inc of Florida O Courtney Campbell Causeway te 1000 pa FL 33607 USA	l.		NAME:	CI				
te 1000				CONTACT NAME: PHONE (A/C, No. Ext): (866) 283-7122 FAX (A/C, No.): 800-363-0105				
IPA FL 33607 USA	uite 1000			(AUC. NO.): E-MAIL ADDRESS:				
					URER(S) AFFO	RDING COVERAGE	NAIC#	
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816 COKESBURY UMC				INSURER B:				
1 NW 65TH AV gate FL 33063 USA			INSURE	R C:				
argate PL 33003 03A			INSURE	R D:				
			INSURE	INSURER E:				
			INSURE	R F:				
VERAGES CE	RTIFIC	CATE	NUMBER: 570056526770		RI	VISION NUMBER:		
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TYPE OF INSURANCE	INSE	SUBR	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
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CLAIMS-MADE X OCCUR			SIR applies per policy ter	ms & condi	tions	PREMISES (Ea occurrence)		
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EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	N					E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT		
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			01, Additional Remarks Schedule, may be					

Redevelopment Agency Attn: Community Redevelopment Agency 5790 Margate Boulevard Margate FL 33063 USA

Aon Pisk Services Inc. of Florida



COPIX



		Services – Aon Client Services Number 00-363-0105 E-mail: ACS.CHICAGO@	of Pages: 3 M3		
		: 04 / 29 / 14 Date Needed By: A S			
	-	ours)			
Requestor Informa	ation				
Named Insured:		nnual Conference of the United Methodist Church	570000042141		
Church Name:		United Methodist Church	GCFA# 359816		
Church Address:		65 th Avenue	0011111 307010		
City, State, Zip	Margate, F	L 33063			
Requestor Name:	Geraldine				
Telephone #:	954-979-9	Fax Number:	N/A		
E-Mail Address			(2)		
Certificate Holder	Information	on			
Certificate Holder:		Jim Nardi – Advanced Asset Management			
(Entity requesting proof	of insurance)				
Address:		6209 Margate Boulevard			
City, State, Zip Code		Margate, FL 33063			
Send to Attention of	:	Community Redevelopment Agency			
Telephone Number:		954-972-6454954-935-5211 Fax Number:			
E-Mail Address:		odi@margatefl.com			
T					
Type of Coverage	- totals some				
Coverage					
General Liability		Workers Comp & Employers Liability			
Auto Liability		Property (value of leased property, equipment et	c)		
		(61 1 - 1 - 1)			
	**	(Check any that apply)			
Additional Insure	ed Requested		nent or requirements)		
Loss Payee		Mortgagee			
Description / Intere	et (i a · Dro	perty Location, Event, Leased Equipment, Vehicle In	formation Description of		
		name and/or number, and duration)	offilation, Description of		
roject mending proje	cci/contract	name and/or number, and duration)			
Car Show – one day	only – Satu	rday - February 28, 2015 - 8 am - 5 pm - on the r	orthwest corner of Margate		
		in Margate, Florida, Benefit to raise money for the (
Church Food Bank.			, , , , , , , , , , , , , , , , , , , ,		
Distribution (Please	provide fax	number, mailing address and email address in not alr	eady included)		
	Certificate l				
	Requestor	☐ By Fax 🔀 By Email cokesbury@bells			

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/04/2014

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 floraer in flea or such	endorsement(s).						
PRODUCER Aon Risk Services, Inc of Flo 7650 Courtney Campbell Causew			CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105				
Suite 1000 Tampa FL 33607 USA		E-MAIL ADDRESS:					
			INSURER(S) AFF	ORDING COV	ERAGE	NAIC#	
INSURED		INSURER A:	The Princeton	Excess &	Surp Lines Ins Co	10786	
359816 COKESBURY UMC 1801 NW 65TH AV		INSURER B:					
Margate FL 33063 USA		INSURER C:					
		INSURER D:		0.0000000000000000000000000000000000000			
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 5700540100	57	R	REVISION	NUMBER:	***************************************	
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EXCESS LIAB CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXECUTIVE OFFICER/MEMBER EXECUTIVE N/A E.L. EACH ACCIDENT	(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. EACH ACCIDENT	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT	N/A E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE

CERTIFICATE HOLDER	CANCELLATION	

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

Aon Rish Services Inc. of Florida

The Margate Community Redevelopment Agency 5790 Margate Boulevard Margate FL 33063 USA





Fax To: Aon Risk Services – Aon Client Services Number of Pages: 273 Fax Number: 800-363-0105 E-mail: ACS.CHICAGO@AON.COM									
Date of Request: 04 / 29 / 14 Date Needed By: ASAP / /									
Standard (24 Hours) End of Day (7:00CST) Rush (within 4 Hours)									
Requestor Informa	ation								
Named Insured: Florida Annual Conference of the United Methodist Church 570000042141									
Church Name:	Cokesbur	y United Methodist	Church		GCFA#	359816			
Church Address:	1801 NW	65th Avenue							
City, State, Zip	Margate, F	L 33063							
Requestor Name:	Geraldine	Versetti							
Telephone #:	954-979-98	855		Fax Number:	N/A				
E-Mail Address									
Certificate Holder Certificate Holder:	Informatio		'. D. I. I.						
(Entity requesting proof of	of insurance)	The Margate Comm	iunity Redevelop	oment Agency					
Address:		5790 Margate Boule	evard	100 100 100 100 100 100 100 100 100 100	7 Wall 1				
City, State, Zip Code	2:	Margate, FL 33063							
Send to Attention of:	:	Community Redevelopment Agency							
Telephone Number:		954-972-6454954-935-5211 Fax Number:							
E-Mail Address:		odi@margatefl.com							
Type of Coverage									
Coverage General Liability		D.WlC	0. Г I	1 '1',	AP				
Auto Liability		Workers Comp &		ty, equipment etc)					
Auto Liability			of leased proper	ty, equipment etc)					
Additional Insured Additional Insure									
Loss Payee	u Nequesteu	Mortgagee	i a copy of the c	ontract, agreeme	nt or requir	ements)			
Description / Interest (i.e.; Property Location, Event, Leased Equipment, Vehicle Information, Description of Project including project/contract name and/or number, and duration)									
r roject including proje	eci/contract i	name and/or number,	and duration)		**				
Car Show - one day	only – Satur	rdav – February 28.	2015 – 8 am – '	5 pm – on the nor	thwest corne	er of Margate			
Car Show – one day only – Saturday – February 28, 2015 – 8 am – 5 pm – on the northwest corner of Margate Boulevard & North State Road 7 in Margate, Florida, Benefit to raise money for the Cokesbury United Methodist									
Church Food Bank.									
Distribution (Please	provide fax	number, mailing add	ress and email ac	ldress in not alread	ly included)				
	Certificate h			di@margatefl.com		7			
Requestor By Fax By Email cokesbury@bellsouth.net									

			-	
102			_ 7	.00
A	C	O	RL	
- 1		-		

DATE(MM/DD/YYYY) 05/01/2014

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.

ADDITIONAL INSURED the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

certificate holder in lieu of such endorsement(s). PRODUCER	CONTACT NAME:						
Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105						
Suite 1000	E-MAIL ADDRESS:						
Tampa FL 33607 USA		URER(S) AFFORDING COVERAGE	NAIC#				
	INCURRA. The E	Princeton Excess & Surp Lines Ins	Co 10786				
NSURED 359816 COKESBURY UMC	INSURER A: The I	Timeeton Excess & Surp Effect 1115	20,000				
1801 NW 65TH AV Margate FL 33063 USA	INSURER C:						
aligate FL 35005 03A	INSURER D:						
	INSURER E:						
	INSURER F:						
COVERAGES CERTIFICATE NUMBER: 570053644	1984	REVISION NUMBER:	DOLLOV BERION I				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRACT DED BY THE POLICIES VE BEEN REDUCED B	OR OTHER DOCUMENT WITH RESPECT S DESCRIBED HEREIN IS SUBJECT TO A Y PAID CLAIMS. Limits show	TO WHICH THIS I				
NSR TYPE OF INSURANCE ADDL SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY) LIMITS	** *** ***				
A X COMMERCIAL GENERAL LIABILITY N2-A3-RL-0000017-04	12/31/2013	12/31/2014 EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000				
CLAIMS-MADE X OCCUR SIR applies per pol	licy terms & condi	ions PREMISES (Ea occurrence)					
X SIR \$1,000,000		MED EXP (Any one person)					
		PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC		PRODUCTS - COMP/OP AGG	31,000,000				
OTHER:		PRODUCTS*COMPTOF AGG					
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT (Ea accident)					
ANYAUTO		BODILY INJURY (Per person)					
ANYAUTO ALLOWNED SCHEDULED		BODILY INJURY (Per accident)					
AUTOS AUTOS		PROPERTY DAMAGE					
HIRED AUTOS AUTOS		(Per accident)					
UMBRELLA LIAB OCCUR		EACH OCCURRENCE					
EXCESS LIAB CLAIMS-MADE		AGGREGATE					
DED RETENTION							
WORKERS COMPENSATION AND		PER STATUTE OTH-					
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE		E.L. EACH ACCIDENT					
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		E.L. DISEASE-EA EMPLOYEE					
If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE-POLICY LIMIT					
			16				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sched	ule, may be attached if more	space is required)					
			5				
			15				
CERTIFICATE HOLDER	ANCELLATION						
CERTIFICATE HOLDER CA							
		ABOVE DESCRIBED POLICIES BE CANCELLED OF, NOTICE WILL BE DELIVERED IN ACCORDAN					
City of Margate Au							
	AUTHORIZED REPRESENTATIVE						
Attn: Community Redevelopment Agency 5790 Margate Boulevard		sk Services Inc. of Flori					





		Services – Aon Cl		Number of		12			
Fax Number: 800-363-0105 E-mail: ACS.CHICAGO@AON.COM Date of Request: 04 / 29 / 2014 Date Needed By: A / S / A / P									
Date of Request. 04 / 27 / 2014 Date Needed by: A / 5 / A / F									
Stan	dard (24 Ho	ours) End of D	ay (7:00CST)	Rush [(within	1 4 Hours)				
Requestor Informa	ation								
Named Insured:	Florida A	nnual Conference of	of the United Me	ethodist Church	570000	042141			
Church Name:	Cokesbur	y United Methodist	Church		GCFA#	359816			
Church Address:	1801 NW	65th Avenue							
City, State, Zip	Margate, F	L 33063							
Requestor Name:	Geraldine		The state of the s						
Telephone #:	954-979-9	855		Fax Number:	N/A				
E-Mail Address									
				12 2000 1000 1000 1000 1000					
Certificate Holder	Information	on							
Certificate Holder:		City of Margate							
(Entity requesting proof	of insurance)								
Address:		5790 Margate Boul	evard						
City, State, Zip Code	e:	Margate, FL 33063							
Send to Attention of	:	Community Redevelopment Agency							
Telephone Number:		954-972-6454954-9	935-5211	Fax Number:					
E-Mail Address:		odi@margatefl.con	1						
Type of Coverage									
Coverage									
General Liability		☐ Workers Comp	& Employers Lia	bility					
Auto Liability		Property (value	of leased proper	ty, equipment etc)					
Additional Insured	/ Interests	(Check any that a	ipply)						
Additional Insure	ed Requested	d (You must attac	h a copy of the o	contract, agreeme	nt or requi	rements)			
Loss Payee		Mortgagee							
Description / Inter-				nent, Vehicle Infor	mation, Des	cription of			
Project including proj	ect/contract	name and/or number	, and duration)						
Car Show – one day	only - Satu	rday – February 28	2015 - 8 am -	5 nm — on the nor	thwest corn	er of Margate			
Boulevard & North S									
Church Food Bank.	tate Road /	m margate, rionaa,	Benefit to faise	money for the co	Resoury on	tea memodist			
THE PARTY OF THE PARTY.									
Distribution (Please	provide fax	number, mailing add	dress and email a	ddress in not alread	dy included)				
	Certificate l	nolder By Fax	■ By Email of	odi@margatefl.com	n				
	Requestor By Fax By Email cokesbury@bellsouth.net								



DATE(MM/DD/YYYY) 05/01/2014

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.

AGC. No. Ext): COUERAGES CERTIFICATE NUMBER: 570053644991 REVISION NUMBER: INSURER 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 ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested to the policy period of the policy period by the policy period by Paid Claims. Limits shown are as requested to the policy period policy period by TRR TYPE OF INSURANCE ADDISON POLICY NUMBER POLICY PERIOD POLICY PERIOD 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 to the policy period policy period policy period policy period by TRR TYPE OF INSURANCE ADDISON POLICY NUMBER POLICY PERIOD POLICY PERIOD BY TRR TYPE OF INSURANCE ADDISON POLICY NUMBER POLICY PERP POL	PRODUCER	-			CONTAC NAME:	т				
ADDRESS: INSURER INSU	Aon Risk Services, Inc of Florida				PHONE (A/C. No	. Ext): (866)	283-7122	FAX (A/C. No.):	800-363-010	5
INSURED SOBTIA COKESSURY UNC 801 NV 65TH AV argate FL 33063 USA INSURER A: The Princeton Excess & Surp Lines Ins Co 10786	Suite 1000				E-MAIL ADDRE	SS:				
INSURER B: INSURER B: INSURER B: INSURER B: INSURER C: INS						INS	URER(S) AFFO	RDING COVERAGE		NAIC#
INSURER C: INSURE	NSURED				INSURE	RA: The	Princeton B	Excess & Surp Li	ines Ins Co	10786
INSURER D: INSURE D: INSURED D: INSU					INSURE	R B:				
COVERAGES CERTIFICATE NUMBER: 570053644991 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 PERIOD. BY THE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES OF SUCH POLICIES. LIMITS SHOWN are as requester. AND COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X SIR \$1,000,000 SIR \$1,000,000 SIR \$1,000,000 GENERAL AGGREGATE LIMIT APPLIES PER: X POLCY MORNING AND CONDITIONS OF SUCH POLICIES. LIMIT SHOWN AND AND AND AND AND AND AND AND AND AN					INSURE	R C:				
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(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	ANY PROPRIETOR / PARTNER / EXECUTIVE	7						E.L. EACH ACCIDENT	IEK	
	(Mandatory in NH)]N/A						E.L. DISEASE-EA EMPL	OYEE	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY L	IMIT	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
									1	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached it more space is required)			1							
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	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD 1	 01, Additional Remarks Schedule	, may be	attached if more	space is require	d)		
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD 1	 01, Additional Remarks Schedule	e, may be	attached if more	space is require	d)		
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD 1	 01, Additional Remarks Schedule	e, may be	attached if more	space is require	d)		

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

Aon Rish Services Inc. of Florida

Jim Nardi - Advanced Asset Management Attn: Community Redevelopment Agency 6209 Margate Boulevard Margate FL 33063 USA

Subject:	FW: Certificate for the City of Margate	
From:	Cokesbury (cokesbury@bellsouth.net)	
То:	versetti@bellsouth.net;	
Date:	Wednesday, August 13, 2014 11:35 AM	

From: Ana Temple [mailto:atemple@flumc.org] Sent: Wednesday, August 13, 2014 11:08 AM

To: 'Cokesbury'

Subject: Certificate for the City of Margate

Hi.

We receive your request for a certificate but then notice that the wording that you want to add is for 2015. The policy renews on 12/31/2014 we will not be able to add that wording until the policy renews. Maybe around December 20, 2014 when those certificates are issued. Please resend us the request in December 2014.

If you have any questions please let me know.

Thank you,

Ana Temple

Insurance Specialist

Ministry Protection

Florida Conference of the United Methodist Church

Phone: 1-800-282-8011 Ext. 126

Fax: 863-686-7363

atemple@flumc.org

Cokesbury United Methodist Church 1801 NW 65th Ave Margate FL 33063

Phone: 954-972-3424 Fax: 954-972-3466

Cokesbury UMC



	To: lenud Temple	From: Olda Walke
	Fax: 863-686-7363	Pages:
	Phone:	Date: 08/12/14
	Re: Swision of Certs of	CC:
	- O HAS	1.
	☐ Urgent ☐ For Review ☐ Please Con	nment □ Please Reply □ Please Recycle
	Comments:	1
()	anna, per our te	le Aucristian of Ops
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	or correspond	
		Serdi





			ces – Aon Clier		Number of		<u>13</u>		
Fax Number: 800-363-0105 E-mail: ACS.CHICAGO@AON.COM Date of Request: 04 / 29 / 2014 Date Needed By: A / S / A / P									
Date of	Date of Request: 04 / 25 / 2014								
Stan	dard (24 Ho	ours) [End of Day	(7:00CST)	Rush [(within	n 4 Hours)			
Requestor Informa						T			
Named Insured:	Florida A	nnual	Conference of t	the United Me	ethodist Church	570000			
Church Name:	Cokesbur	y Uni	ted Methodist C	hurch		GCFA#	359816		
Church Address:	1801 NW	65 th A	venue						
City, State, Zip	Margate, F	L 330	063						
Requestor Name:	Geraldine	Verset	tti						
Telephone #:	954-979-93	855			Fax Number:	N/A			
E-Mail Address									
Certificate Holder	Information	on							
Certificate Holder:		City	of Margate						
(Entity requesting proof	of insurance)					999 - 111 - W			
Address:		5790	O Margate Boulev	ard					
City, State, Zip Cod	e:	Mar	gate, FL 33063						
Send to Attention of	:	Com	nmunity Redevelo	pment Agency					
Telephone Number:		954-	-972-6454954-93	5-5211	Fax Number:				
E-Mail Address:		odi@	margatefl.com						
Type of Coverage			1/100						
Coverage							.9		
☐ General Liability	r		Workers Comp &						
Auto Liability		F	Property (value o	f leased proper	ty, equipment etc)				
Additional Insured	l / Interests	s (Ch	neck any that app	ply)					
Additional Insur	ed Requeste	d ()	You must attach	a copy of the	contract, agreeme	ent or requi	rements)		
Loss Payee	•		Mortgagee						
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Description / Inter	est (i.e.; Pro	perty	Location, Event,	Leased Equipr	nent, Vehicle Info	rmation, Des	scription of		
Project including proj	ect/contract	name	and/or number, a	and duration)					
C - Cl	andre Cate		Echmiani 20 2	015 8 am	5 nm on the no	rthwest corr	ner of Margate		
Car Show – one day Boulevard & North S	toto Pond 7	in M	orgate Florida B	Renefit to raise	money for the Co	keshurv IIn	ited Methodist		
	state Road /	III IVI	argaie, Pioriua, D	beliefft to faisc	money for the co	Kesoury On	ited Wiemodist		
Church Food Bank.			- 199 19-17						
Distribution (Please	e provide fax	k num	ber, mailing addre	ess and email a	ddress in not alrea	dy included)		
	Distribution (Please provide fax number, mailing address and email address in not already included) Original to: □ Certificate holder □ By Fax □ By Email odi@margatefl.com								
	Requestor		By Fax		cokesbury@bellso				
	1		, — ,						





Fax To: Aon Risk Services – Aon Client Services Number of Pages: 273 Fax Number: 800-363-0105 E-mail: ACS.CHICAGO@AON.COM									
Date of Request: 04 / 29 / 14 Date Needed By: ASAP / /									
Standard (24 Hours) End of Day (7:00CST) Rush (within 4 Hours)									
Requestor Informa	ation								
Named Insured:		nnual Conference of the United M	1ethodist Church	570000					
Church Name:		United Methodist Church		GCFA#	359816				
Church Address:	1801 NW	65 th Avenue							
City, State, Zip	Margate, F	L 33063							
Requestor Name:	Geraldine	Versetti							
Telephone #:	954-979-98	355	Fax Number:	N/A					
E-Mail Address									
Certificate Holder Certificate Holder:		On The Margate Community Redevelo	opment Agency						
(Entity requesting proof	of insurance)	5700 Marrata Dayloyand							
Address:		5790 Margate Boulevard							
City, State, Zip Cod		Margate, FL 33063							
Send to Attention of		Community Redevelopment Agency 954-972-6454954-935-5211 Fax Number:							
Telephone Number:									
E-Mail Address:		odi@margatefl.com							
Type of Coverage									
Coverage			1/8						
General Liability	<i>J</i>	Workers Comp & Employers L	iability						
Auto Liability		Property (value of leased property		ĺ					
Additional Insured	d / Interests	(Check any that apply)							
Additional Insur	ed Requested	d (You must attach a copy of the	e contract, agreeme	ent or requi	rements)				
Loss Payee	1.0	Mortgagee							
Description / Inter	est (i.e.; Pro	perty Location, Event, Leased Equip	oment, Vehicle Info	rmation, Des	scription of				
Project including pro	ject/contract	name and/or number, and duration)							
0 0 1	1 C-4	Tohmor 28 2015 8 am	5 nm on the no	orthwest corr	er of Margate				
Car Show – one day	only - Satu	rday - February 28, 2015 - 8 am -	e money for the Co	kechuru Un	ited Methodist				
Boulevard & North State Road 7 in Margate, Florida, Benefit to raise money for the Cokesbury United Methodist									
Church Food Bank.									
Distribution (Pleas	e provide fax	number, mailing address and email	address in not alrea	dy included)				
	Certificate		l odi@margatefl.co						
	Requestor By Fax By Email cokesbury@bellsouth.net								





		Services – Aon Client Services Number	of Pages: 3 43						
Fax N	Number: 8	00-363-0105 E-mail: ACS.CHICAGO	WAON.COM						
Date	of Request:	04 / 29 / 14 Date Needed By: A	SAP//						
Stan	dard (24 Ho	ours)	ithin 4 Hours)						
Requestor Informa	ntion								
Named Insured:	Florida Annual Conference of the United Methodist Church 570000042141								
Church Name:	Cokesbury United Methodist Church GCFA# 359816								
Church Address:	1801 NW 65 th Avenue								
City, State, Zip	Margate, FL 33063								
Requestor Name:	Geraldine Versetti								
Telephone #:	954-979-9855 Fax Number: N/A								
E-Mail Address									
Certificate Holder	Information	50 t/g ()							
Certificate Holder:		Jim Nardi – Advanced Asset Management							
(Entity requesting proof	of insurance)								
Address:		6209 Margate Boulevard							
City, State, Zip Code		Margate, FL 33063							
Send to Attention of:		Community Redevelopment Agency							
Telephone Number:		954-972-6454954-935-5211 Fax Number:							
E-Mail Address:		odi@margatefl.com							
T. C.C.									
Type of Coverage									
Coverage									
General Liability		Workers Comp & Employers Liability							
Auto Liability Property (value of leased property, equipment etc)									
A 1 1141 1 T	L / T., 44.	(Charle and that apply)							
		(Check any that apply)							
Additional Insure	ea Requested		ement of requirements)						
Loss Payee		Mortgagee							
Description / Inter-	est (i.e. Pro	perty Location, Event, Leased Equipment, Vehicle I	nformation Description of						
		name and/or number, and duration)	mormation, Description of						
Troject metading proj	eet/contract	name and/or number, and duration/							
Car Show – one day	only - Satu	rday - February 28, 2015 - 8 am - 5 pm - on the	northwest corner of Margate						
Boulevard & North S	tate Road 7	in Margate, Florida, Benefit to raise money for the	Cokesbury United Methodist						
Church Food Bank.									
(i)									
Distribution (Please	provide fax	number, mailing address and email address in not a	lready included)						
Original to:									
	Requestor	☐ By Fax ☐ By Email cokesbury@be	llsouth.net						
1									

DATE(MM/DD/YYYY) 05/01/2014

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). CONTACT NAME: PRODUCER Aon Risk Services, Inc of Florida PHONE (A/C. No. Ext): FAX (A/C. No.): 800-363-0105 (866) 283-7122 7650 Courtney Campbell Causeway Suite 1000 Tampa FL 33607 USA E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # The Princeton Excess & Surp Lines Ins Co 10786 INSURER A: INSURED 359816 COKESBURY UMC INSURER B 1801 NW 65TH AV Margate FL 33063 USA INSURER C INSURER D INSURER E: INSURER F: REVISION NUMBER: CERTIFICATE NUMBER: 570053644991 COVERAGES 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 requeste Limits shown are as requested POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS INSR LTR TYPE OF INSURANCE POLICY NUMBER 12/31/2013 12/31/2014 N2-A3-RL-0000017-04 \$1,000,000 EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED Excess GL CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) SIR applies per policy terms & conditions MED EXP (Any one person) SIR \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG POLICY OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) SCHEDULED ALL OWNED AUTOS **AUTOS** PROPERTY DAMAGE NON-OWNED AUTOS HIRED AUTOS (Per accident) EACH OCCURRENCE UMBRELLALIAB OCCUR AGGREGATE EXCESS LIAB CLAIMS-MADE DED RETENTION PER STATUTE WORKERS COMPENSATION AND ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) EMPLOYERS' LIABILITY YIN E.L. EACH ACCIDENT NIA E.L. DISEASE-EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT | 動類を対象が必要の対象が対象がある。 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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

Jim Nardi - Advanced Asset Management Attn: Community Redevelopment Agency 6209 Margate Boulevard Margate FL 33063 USA

Aon Pish Services Inc. of Florida

DATE(MM/DD/YYYY) 06/04/2014

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 OF THE CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, A	ND TI	HE C	RTIFICATE HOLDER.								
IMPORTANT: If the certificate holder the terms and conditions of the policy	, cert	ain p	olicies may require ar	ne policy(i n endorse	es) must be nent. A state	endorsed. ement on thi	If SUBROGATION s certificate does	IS WAIVE not confer	D, subject to rights to the)	
certificate holder in lieu of such endor	seme	enit(s)	•	CONTAC	T					\dashv	
PRODUCER AON Risk Services, Inc of Florida 7650 Courtney Campbell Causeway					CONTACT NAME: PHONE PHON						
					(A/C. No. Ext): (A/C. No.):						
Suite 1000 Tampa FL 33607 USA				E-MAIL ADDRE	SS:					\dashv	
					INSURER(S) AFFORDING COVERAGE						
nsured 359816 COKESBURY UMC L801 NW 65TH AV Margate FL 33063 USA					INSURER A: The Princeton Excess & Surp Lines Ins Co 10786						
					INSURER B:						
					INSURER C:						
		INSURER D:									
				INSURE						\dashv	
	TIE: -	\A==	NUMBER, 57005404	INSURE	R F:	DI	VISION NUMBER	D.			
THIS IS TO CERTIEV THAT THE BOLICIES	OFI	MISTIR	NUMBER: 57005401	HAVE BEE	VISSUED TO	THE INSURE	D NAMED ABOVE	FOR THE P	OLICY PERIO	БП	
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIR	EMEN	IT, TERM OR CONDITION THE INSURANCE AFFOR	ON OF ANY RDED BY	CONTRACT	OR OTHER DESCRIBE	DOCUMENT WITH F D HEREIN IS SUBJ	ECT TO AL	O WHICH THE	5,	
INSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)		LIII	LIMITS	uro do reques		
A X COMMERCIAL GENERAL LIABILITY	INSD	WVD	N2-A3-RL-0000017-0		12/31/2013	12/31/2014	EACH OCCURRENCE		\$1,000,0	00	
CLAIMS-MADE X OCCUR			Excess GL	Iday to	mc 0 camali	rions	DAMAGE TO RENTED PREMISES (Ea occurrent	ice)		\exists	
X SIR \$1,000,000			SIR applies per po	olicy ter	ns & condi	LIONS	MED EXP (Any one pers				
// CII(\$1,000,000							PERSONAL & ADV INJU	JRY			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$1,000,0	00	
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OF	PAGG		_	
OTHER:							1242			\exists	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)	MIT			
ANNAUTO							BODILY INJURY (Per pe	erson)			
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per ac	cident)			
AUTOS AUTOS							PROPERTY DAMAGE				
HIRED AUTOS AUTOS							(Per accident)			\neg	
JUMPPELLA LIAD COCCUE	-						EACH OCCURRENCE			\dashv	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							AGGREGATE			\exists	
	-									\neg	
DED RETENTION WORKERS COMPENSATION AND							PER STATUTE	OTH- ER		\dashv	
EMPLOYERS' LIABILITY Y/N	į						E.L. EACH ACCIDENT	IER		\dashv	
ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. DISEASE-EA EMPLO	OYEE		200	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY L	IMIT		\exists	
DESCRIPTION OF OPERATIONS DEIOW	1										
	1.56 /	0055	04 045515	alula merek	tinghad if	ennoo le recui	4)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD .	101, Additional Remarks Sche	dule, may be	attached if more	space is require	uj				
CERTIFICATE HOLDER			С	ANCELLA	NOITA					i	
				SHOULD A EXPIRATION POLICY PR	N DATE THERE	ABOVE DESCRI OF, NOTICE W	BED POLICIES BE C ILL BE DELIVERED IN	ACCORDANC	EFORE THE E WITH THE	00 0 10 10 10 10 10 10 10 10 10 10 10 10	
The Margate Community			Δι		EPRESENTATIVE	E					
Redevelopment Agency 5790 Margate Boulevard			[~				184 <u>0</u> 1			ŀ	
Margate FL 33063 USA				. 0	In Op	of Garage	ices Inc. of	19 Pain	la		

Aon Prish Services Inc. of Florida



DATE(MM/DD/YYYY) 05/01/2014

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, AN	ND TH	IE CE	ERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder i	s an	ADD	ITIONAL INSURED, the	policy(i	es) must be	endorsed.	If SUBROGATION IS WAI	VED,	subject to
the terms and conditions of the policy,	certa	ain p	olicies may require an e	ndorsei	nent. A state	ement on thi	is certificate does not con	iter ri	ghts to the
certificate holder in lieu of such endors	seme	nt(s)		CONTAC	т				
PRODUCER Aon Risk Services, Inc of Florida				CONTACT NAME: PHONE (866) 283-7122 FAX 800-363-0105					
7650 Courtney Campbell Causeway				(A/C. No. Ext): (800) 283-7122 (A/C. No.):					
Suite 1000 Tampa FL 33607 USA				E-MAIL ADDRES	SS:				
Tampa TE 33007 03A					INS	URER(S) AFFO	RDING COVERAGE		NAIC#
INSURED				INSURE	RA: The I	Princeton E	Excess & Surp Lines Ins	s Co	10786
359816 COKESBURY UMC				INSURE					
1801 NW 65TH AV					INSURER C:				
Margate FL 33063 USA					R D:		2		
				INSURE	R F:				
COVERAGES CER	TIFIC	ΔTF	NUMBER: 5700536449			RI	EVISION NUMBER:		
THE IS TO CERTIEV THAT THE BOLICIES	OF IN	ISLIB	ANCE LISTED BELOW HAY	/F BFFI	N ISSUED TO	THE INSUR	D NAMED ABOVE FOR THE	E POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY F	OHID	AJEN	T TERM OF CONDITION	OF ANY	CONTRACT	OR OTHER I	OCCUMENT WITH RESPEC	1 10 1	WHICH IHIS I
EXCLUSIONS AND CONDITIONS OF SUCH	PER IA	AIN, I	LIMITS SHOWN MAY HAV	E BEEN	REDUCED B	Y PAID CLAIN	MS. Limits show	wn are	as requested
INSR TYPE OF INSURANCE	ADDL				POLICY EFF (MM/DD/YYYY)		LIMITS		
A X COMMERCIAL GENERAL LIABILITY	INSD	WVD	N2-A3-RL-0000017-04		12/31/2013	12/31/2014	EACH OCCURRENCE		\$1,000,000
CLAIMS-MADE X OCCUR			Excess GL		0 1.	,	DAMAGE TO RENTED PREMISES (Ea occurrence)		
			SIR applies per poli	cy ter	ms & condi	Tions	MED EXP (Any one person)		
X SIR \$1,000,000							PERSONAL & ADV INJURY		
							GENERAL AGGREGATE		\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	70 - 77	
OTHER:									
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
AUTOMOBILE LIABILITY							(Ea accident)		
ANY AUTO							BODILY INJURY (Per person)		
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE		
HIRED AUTOS NON-OWNED AUTOS							(Per accident)		
H AUTOS									
UMBRELLA LIAB OCCUR							EACH OCCURRENCE		
EXCESS LIAB CLAIMS-MADE							AGGREGATE		
DED RETENTION									
WORKERS COMPENSATION AND							PER STATUTE OTH-		
EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE							E.L. EACH ACCIDENT		
OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE-EA EMPLOYEE		
(Mandatory in NH) If yes, describe under							E.L. DISEASE-POLICY LIMIT		
DÉSCRIPTION OF OPERATIONS below									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD	01, Additional Remarks Schedule	e, may be	attached if more	space is require	d)		

CERTIFICATE HOLDER

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.

City of Margate Attn: Community Redevelopment Agency 5790 Margate Boulevard Margate FL 33063 USA

AUTHORIZED REPRESENTATIVE

Aon Prish Services Inc. of Florida