

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/15/2018

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.

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C	ertificate holder in lieu of such endor	sem	ent(s)).							3
PRO	DUCER				CONTA NAME:	CT					
	Hiscox Inc.				PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):						
	520 Madison Avenue				E-MAIL ADDRESS: contact@hiscox.com						
	32nd Floor				ADDICEO.						NAIC#
	New York, NY 10022				1000					10200	
INSU	RED				INSURER A: HISCOX INSURANCE Company Inc 10200 INSURER B:						
	Atlantic Studios, Inc.										
	434 NW 1st Ave Apt 504				INSURE						
	Fort Lauderdale, FL 33301-8201				INSURER D:						
					INSURE						
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INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
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	V PRO-										
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	AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
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	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Dates of Operation: 09/01/18; 10/06/18; 11/03/							•	7/19		
CEF	RTIFICATE HOLDER	_			CANC	ELLATION					
5	City of Margate 1790 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	RIZED REPRESEI	NTATIVE	0			
		Kackeen Gray									



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/15/2018

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C	ertificate holder in lieu of such endo	rsem	ent(s))							
PRO	DUCER				CONTACT NAME:						
	Hiscox Inc.				PHONE (A/C, No, Ext): (888) 202-3007 (A/C, No):						
	520 Madison Avenue				E-MAIL ADDRESS: contact@hiscox.com						
	32nd Floor				INSURER(S) AFFORDING COVERAGE				NAIC#		
	New York, NY 10022				INCHES	1.0	1100			10200	
INSU	RED									10200	
	Atlantic Studios, Inc.				INSURE						
	434 NW 1st Ave Apt 504				INSURE						
	Fort Lauderdale, FL 33301-8201				INSURER D:						
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP		LIMITS		
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Α	<u> </u>	Y		UDC-1598757-CGL-1	8	06/25/2018	06/25/2019	PERSONAL & ADV INJUR		00,000	
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	X POLICY JECT LOC							PRODUCTS - COMP/OP A		Gen. Agg	
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	ANY AUTO							BODILY INJURY (Per person	son) \$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid	dent) \$		
	HIRED AUTOS NON-OWNED AUTOS]	PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
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	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLO			
	If yes, describe under DESCRIPTION OF OPERATIONS below										
	DESCRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LII	IMIT \$		
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5	largate Community Redevelopme 790 Margate Boulevard largate FL 33063	nt Ag	ency		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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		Horacea Day									



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/21/2018

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.

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С	ertificate holder in lieu of such endor	sem	ent(s))							
PRC	DUCER				CONTACT NAME:						
	Hiscox Inc.				PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No):						
	520 Madison Avenue				E-MAIL ADDRESS: contact@hiscox.com						
	32nd Floor				7.00.110		SURER/S) AFFOR	RDING COVERAGE		NAIC#	
	New York, NY 10022				INSURE	1.0	x Insurance (10200	
INSU	JRED				INSURE						
	Atlantic Studios, Inc.										
	434 NW 1st Ave Apt 504				INSURE						
	Fort Lauderdale, FL 33301-8201				INSURE						
					INSURE						
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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
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Α		Υ		UDC-1598757-CGL-1	8	06/25/2018	06/25/2019	PERSONAL & ADV INJURY	\$ 1,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		Gen. Agg	
_	OTHER:		-					COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)			
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A						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	\$		
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Dates of Operation: 09/01/18; 10/06/18; 11/03/18; 12/01/18; 01/05/19; 02/02/19; 03/02/19; 04/06/19; 05/04/19; 06/01/19; 07/06/19; 08/03/19; 09/07/19										
CE	RTIFICATE HOLDER				CANC	CELLATION					
Advanced Asset Management, Inc. 5909 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 Kathley Ray									

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CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)

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PRODUCER GEICO	CONTACT GEICO							
One GEICO Boulevard Fredericksburg, VA 22412	PHONE (AIC, No, Ext): 1-866-509-9444 FAX (AIC, No.)							
,	Email Address: R1COMMEND@GEICO.COM							
	INSURER(E) AFFORDING COVERAGE	NAC#						
	INSURER A: GOVERNMENT EMPLOYEES INSURANCE COMPANY	22063						
INSURED	INSURER B:							
ATLANTIC STUDIOS, INC. PO BOX 671012	INSUFIER C:							
FOMPANO BEACH FL 33067-0017	INSURER D:	Substitutional Parket, in the superior of the substitutional Parket Substitutional Parket Substitutional Substitutiona Substitutional Substitutional Substitutional Substitutiona Substitutiona Substitutiona Substitutiona Substitutiona Substitution						
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	INSURER F;							
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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.

NSR	TYPE OF INSURANCE	ADD'L INSRD		POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	**********	······································
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	•
	GLAIMS-MADE OCCUR						DAMAGE TO RENTED	\$	
							MED. EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PROJECT LOC						PRODUCTS-COMP/OP AGG.	\$	
-	OTHER	*****	NAME OF THE OWN	1 WHITTONICE SHEET MADE AND AN A MITTER DETERMINE			***************	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Es accident)	\$	
I I	ANY AUTO	Х		9100119848 02	2/6/2018	2/6/2019	BODILY INJURY (Per person)	\$	100,000
	OWNED X SCHEDULED AUTOS	Х					BODILY INJURY (Per accident)	\$	300,000
	MIRED NON-OWNED AUTOS ONLY	Х					PROPERTY DAMAGE (Per accident)	\$	50,000
			ĺ					\$	TO BE STREET AND CONTRACT CONT
	UMBRELLA LIAB OCCUR				-	estitionim bit, desented pour	EACH OCCURRENCE	\$	***************************************
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		Toward, electrolishedic Tit - Marchensplass Schuldericht	2 30000000	Modelik dika" peli sepu Armyay yusunu.	PER OTH- STATUTE ER EL EACH AGCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N / A					The second of th	-	erregram derlikt, situaten
- 1	(Mandatory in NH) If yes, describe under						E.L. DISEASE-EA EMPLOYEE	\$	mq w
	DESCRIPTION OF OPERATIONS below	ly-se					EL DISEASE-POLICY LIMIT	\$	

DESCRIPTIONOF OPERATIONS/ LOCATIONS/ VEHICLES (ACORD 101, Additional Fernance Schedule, may be attached if more space is required)

CITY OF MARGATE IS NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER	CANCELLATION
CITY OF MARGATE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
5790 MARGATE BLVD	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS. POMPANO BEACH, FL 33063-3614 AUTHORIZED REPRESENTATIVE

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

TOTAL TOTAL STREET, THE STREET, THE

OATE (MM/DD/YYYY) 6/5/2018

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	is certificate does not confer rights to	the cer	rtificat		lieu of such e	endorsement(s).		m and the second	Mar. 4			
PROL	DUCER			CONTACT GEICO								
One	GEIGO Boulevard ericksburg, VA 22412			PHONE [AIC, No, Exd): 1-866-509-9444 [FAX (AIC, No):								
1160	sidesiding, VN 62712			Email Address: R1COMMEND@GBCO.COM								
				INSURER'S AFFORDING COVERAGE					NAIC #			
		_		INSURER A:	GOVERNMEN	T EMPLOYEES I	NSURANCE C	OMPANY	22063			
	INSURED ATLANTIC STUDIOS, INC.							W				
PO BOX 671012				INSUPER C:								
POM	POMPANO BEACH FL 33067-0017				INSUREA D:							
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ec.	AUTOMOBILE LIABILITY							(Ea accident)	\$			
A	OTUA YMA	Х		91001198	98 02	2/6/2018	2/6/2019	BODILY INJURY (Per person)	\$ 100,000			
2	OWNED X SCHEDULED AUTOS	Х						BODILY INJURY (Per accident)	\$ 300,000			
	HIRED NON-OWNED AUTOS ONLY	Х						PROPERTY DAMAGE (Per accident)	\$ 50,000			
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	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						& L EACH ACCIDENT	\$			
	(Mandatory in NH)							EL DISEASE-EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below		2002000		NAT.			EL DISEASE-POLICY LIMIT	\$			
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MARGATE CRA

5790 MARGATE BLVD

POMPANO BEACH, FL 33063-3614

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

AUTHORIZE REPRESENTATIVE

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JIMMY PATRONIS CHIEF FINANICAL OFFICER

STATE OF FLORIDA **DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION**

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 8/25/2016

EXPIRATION DATE: 8/25/2018

PERSON: CHRISTIAN W GAIDRY

EMAIL: CGAIDRY@ATLANTICSTUDIOS.COM

FEIN:

550844832

BUSINESS NAME AND ADDRESS:

ATLANTIC STUDIOS, INC.

5421 NE 21ST TERRACE FORT LAUDERDALE, FL 33308 SCOPE OF BUSINESS OR TRADE:

Salespersons or Collectors ☐ Outside

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt. apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for fallure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609