

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/03/2021

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).

tr	is certificate does not confer rights t	o the	certi	ificate holder in lieu of su)				
PRO	DUCER				CONTACT NAME: Beatriz Inkratas						
DT	RT Insurance Group/ Loyal Clients			PHONE (A/C, No, Ext): (877) 871-3878 FAX (A/C, No): (855) 329-3878							
125	550 West Atlantic Blvd				E-MAIL ADDRESS: info@dtrtinsurance.com						
'				3	ADDICE	 	93%			NAIC #	
	-al Cariana			FL 33071				RDING COVERAGE			
	ral Springs		FL 33071	INSURER A: INFINITY ASSURANCE INS CO 39497							
INSU					INSURER B:						
	BEACH RAKER LLC				INSURER C:						
	220 NE 13TH ST				INSURER D:						
					INSURER E :						
	POMPANO BEACH			FL 33060	INSURER F:						
CO		RTIFICATE NUMBER:						REVISION NUMBER:			
					VE BE	N ISSUED TO			THE PC	LICY PERIOD	
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		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	rs		
LTR	COMMERCIAL GENERAL LIABILITY	เนอก	WVD	POLICI NOMBER		(MIMIZODITITI)	(WINGOD) 11111	EACH OCCURRENCE	\$		
								DAMAGE TO RENTED	\$		
	CLAIMS-MADE OCCUR							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)	\$ 1,0	00,000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
l A	OWNED SCHEDULED	x	×	509820058764001		05/03/2021	05/03/2022	BODILY INJURY (Per accident)	\$		
``	AUTOS ONLY AUTOS NON-OWNED	, ,	^					PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
 	IIIADDELLA LIAD								_		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
_	DED RETENTION \$	_						PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? [Mandatory in NH)	NIA						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	220011111111111111111111111111111111111										
DE6	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	EC /	A CORE	101 Additional Remarks Schodu	lo may h	o attached if mor	ro enaco le toqui	rad)			
	EANING SERVICES	LES (/	4COKL	7 TOT, Additional Remarks Schedu	ie, iliay L	e attached il moi	ie space is requi	eaj			
	EANING SERVICES										
ر ا رو	RTIFICATE HOLDER IS ADDITIONAL I	NELL	BED	INCLUDING WAIVER OF	SHBBC	GATION					
"	KTIFICATE HOLDER IS ADDITIONAL I	1450	KLD	INCEODING WAIVER OF	SOBIN	OATION					
CEI	RTIFICATE HOLDER				CANCELLATION						
OEI	THE TORTE HOLDER				VARIOLLEATION						
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE							
							EREOF, NOTICE WILL	BE DE	ELIVERED IN		
	CITY OF KEY WEST			ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.				
				ļ							
	1001 ATLANTIC BLVD			1	AUTHORIZED REPRESENTATIVE						
	KEY WEST, FL 33040				14 2/1						





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/17/2021

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ŀ	f SUBROGATION IS WAIVED, subjecting for the subjection of the subjection of the subject of the s	ct to	the cert	terms and conditions of	f the poli	icy, certain orsement(s)	policies may	require an end	lorsemen	ıt. As	tatement on
	DDUCER	CONTACT NAME:									
Plastridge Insurance Agency						Ext): (561) 2	276-5221		FAX (A/C, No):	(561)	276-5244
	NE 6th Avenue ray Beach, FL 33483				E-MAIL ADDRESS: delraydocs@plastridge.com					,	
					INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A : James River Insurance Co.						12203
INS	URED			INSURER B : Economy Preferred Insuance Company 38067						38067	
	BEACH RAKER .LLC				INSURER C:						
	220 SE 13th St				INSURER D:						
	Pompano Beach, FL 33060				INSURER	RE:					
					INSURER F:						
CC	OVERAGES CER	TIF	CATI	E NUMBER:	REVISION NUMBER:						
	THIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY REPORTED OR MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF AN	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI ED HEREIN IS S	TH RESPE	ECT TO	WHICH THIS
INSI	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A								EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			000975861		12/1/2020	12/1/2021	DAMAGE TO RENT PREMISES (Ea occ	ED urrence)	\$	100,000
		Y	Y					MED EXP (Any one	person)	\$	5,000
								PERSONAL & ADV	INJURY	\$	1,000,000
	SEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	2,000,000
	OTHER:		-					COMBINED SINGLE	E LIMIT	\$	
В	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS							(Ea accident)		\$	
								BODILY INJURY (P		\$	
								PROPERTY DAMAG (Per accident)		\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
A	A UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE							EACH OCCURREN	re	\$	
				000975881		12/1/2020	12/1/2021	AGGREGATE	OL.	\$	
	DED RETENTION\$							Aggregate		s	1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		N/A						E.L. EACH ACCIDE	0.100,000	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	0 101, Additional Remarks Schedu	ule, may be	attached if mor	e space is requir	red)			
Оре	rations: Beach Cleaning and Raking										
Cer	tificate holder is also named as addition	al in	sured	l with respect to General L	iability.						
CE	RTIFICATE HOLDER	_			CANCI	ELLATION					
VE	WIII IOATE HOLDEN				VAITO!						
City of Key West 1300 White Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED WITHIN 30 DAYS NOTICE.					
	y West, FL 33040		AUTHORIZED REPRESENTATIVE								
1/6	y ** 631, 1 L 33040	On the state of th									



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LIII	s certificate does not confer rights t	O tille	, 0011	inicate noide, in ned or st			ייי					
PROD	UCER				CONTA NAME:	CT						
Bouchard Insurance for FrankCrum						PHONE FAX (A/C, No, Ext): (A/C, No):						
101 Starcrest Drive						E-MAIL ADDRESS:						
Ciea	ırwater, FL 33758				INSURER(S) AFFORDING COVERAGE				NAIC#			
					INCUDE			- CH W	40142			
INSUI	DED.											
	kCrum 12, Inc. Alt. Emp: Beach Raker LLC				INSURER B:							
100	South Missouri Avenue				INSURE	ERC:						
Clea	rwater, FL 33756				INSURER D:							
					INSURER E:							
					INSURER F:							
COV	'ERAGES CER	TIFIC	CATE	NUMBER: 21FL0809691	70			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
LIK	COMMERCIAL GENERAL LIABILITY	HIGH	11,10					EACH OCCURRENCE \$				
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
	OBJANIC NA ISE							MED EXP (Any one person) \$				
								PERSONAL & ADV INJURY \$				
1	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$				
l t	PRO-							PRODUCTS - COMP/OP AGG \$				
1							2	\$				
-	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &				
1	ANY AUTO							(Ea accident) BODILY INJURY (Per person) \$				
	OWNED SCHEDULED							, , , , ,				
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
	AUTOS ONLY AUTOS ONLY							(Per accident)				
								\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
	DED RETENTION\$							\$				
	WORKERS COMPENSATION							X PER STATUTE ER OTH-				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WO 47 FO F40 40		06/01/2021	06/01/2022	E.L. EACH ACCIDENT \$	1,000,000			
A				WC 47-58-512-10			00/01/2022	E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000			
	DESCRIPTION OF OF EINATIONS BEIOW								1,000,000			
				Location Coverage Perio	od:	06/01/2021	06/01/2022	Client# B0265-FL				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if mor	e space is require	ed)				
Coverage is provided for only those co-employees of, but not subcontractors to: Beach Raker LLC 220 NE 13th St Pompano Beach, FL 33060												
CER	TIFICATE HOLDER				CANO	ELLATION						
City of Key West 1300 White Street Key West, FL 33040						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