



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/29/2026

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).

PRODUCER Universal Insurance & Associates, LLC. 123 NW 13th St Boca Raton, FL 33432	CONTACT NAME: Irlaine Ribeiro PHONE (A/C. No. Ext): (954) 420-9051 E-MAIL ADDRESS: csr@freeuniversalquotes.com	FAX (A/C. No.): (866) 258-9051
	INSURER(S) AFFORDING COVERAGE	
INSURED XL Fencing LLC 1911 W Copans Rd Pompano Beach, FL 33064	INSURER A: Maxum Indemnity Company	NAIC # 26743
	INSURER B: Kemper Insurance Company	19852
	INSURER C: Evanston Insurance Company	35378
	INSURER D: Normandy Insurance Company	13012
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BDG-3108157-01	03/25/2026	03/25/2027	EACH OCCURRENCE	\$ 1,000,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000.00	
	<input checked="" type="checkbox"/> BLANKET ADDT'L INSURED						MED EXP (Any one person)	\$ 5,000.00	
	<input checked="" type="checkbox"/> BLANKET WAIVER OF SUBR	X	X				PERSONAL & ADV INJURY	\$ 1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000.00	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00	
	OTHER:							\$	
B	AUTOMOBILE LIABILITY			50020827301	01/07/2026	01/07/2027	COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$ 100,000.00	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X				BODILY INJURY (Per accident)	\$ 300,000.00	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$ 100,000.00	
								\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			EZXS3194568	03/25/2026	03/25/2027	EACH OCCURRENCE	\$ 2,000,000.00	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 2,000,000.00	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X						\$	
	DED		RETENTION \$					\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NHFL0189462025	10/09/2025	10/09/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				X	E.L. EACH ACCIDENT	\$ 1,000,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000.00
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000.00

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

The City of Sunrise, its officers, officials, employees, agents, and volunteers are included as additional insured as respects the operations of the named insured.

CERTIFICATE HOLDER**CANCELLATION**

The City of Sunrise 10770 W Oakland Park Blvd. Sunrise, FL 33351	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

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