

DATE (MM/DD/YYYY) 09/25/2019

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	ne cen		CONTACT Molba Los	/eless					
RSC Insurance Brokerage, Inc.			NAME: Meiba Lov PHONE (A/C, No, Ext):		FAX				
3250 N 29th Ave				@atlassinsura	(A/C, No): nce.com				
Hollywood		FL 33020		SURER(S) AFFOR	DING COVERAGE		NAIC #		
INSURED			INSURER B :						
BlueFoot LLC			INSURER C :						
8525 Bonita Isle Dr.			INSURER D :						
			INSURER E :						
Lake Worth		FL 33467	INSURER F :						
		E NUMBER: 19-20 Master			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIRI CERTIFICATE MAY BE ISSUED OR MAY PERTAIL EXCLUSIONS AND CONDITIONS OF SUCH POLI	EMENT, N, THE I ICIES. L	TERM OR CONDITION OF ANY (INSURANCE AFFORDED BY THE IMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER POLICIES DESCRIBE REDUCED BY PAID CI	R DOCUMENT V D HEREIN IS SI _AIMS.	VITH RESPECT TO WHICH TI				
INSR TYPE OF INSURANCE		BR /D POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$			
					MED EXP (Any one person)	\$			
A Protection & Indemnity		B5JH25067	10/16/2019	10/16/2020	PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$			
OTHER:					P&i	\$ 1,000	,000		
					COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO					BODILY INJURY (Per person)	\$			
AUTOS ONLY AUTOS HIRED NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY					(Per accident)	\$			
						\$			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$			
					AGGREGATE	\$			
DED RETENTION \$					PER OTH- STATUTE ER	\$			
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED?	N/A					\$			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$			
A Hull		B5JH25067	10/16/2019	10/16/2020	43' Bluefoot	\$140,	000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Vessels: 2011 "Bluefoot" \$140,000; 1974 12" FLZ Boston Whaler \$4,000	-		may be attached if more s	pace is required)					
CERTIFICATE HOLDER			CANCELLATION						
Bahia Mar Marina				ATE THEREOF	SCRIBED POLICIES BE CAN , NOTICE WILL BE DELIVER PROVISIONS.		BEFORE		
			AUTHORIZED REPRESE		(1.2				
					ACORD CORPORATION.	All righ	ts reserved.		

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PRODUCER		incate holder in ned of such	CONTACT Molbal o	/eless						
RSC Insurance Brokerage, Inc.			NAME: Meiba Lov PHONE (A/C, No, Ext):		FAX					
3250 N 29th Ave			E-MAIL mloveless@atlassingurance.com							
			ADDRESS: MIOVELESS				NAIC #			
Hollywood		FL 33020		Specialty Ins C			NAIC #			
INSURED			INSURER B :	<u> </u>						
BlueFoot LLC			INSURER C :							
8525 Bonita Isle Dr.			INSURER D :							
			INSURER E :							
Lake Worth		FL 33467	INSURER F :							
COVERAGES CERT	FIFICATI	E NUMBER: 19-20 Master			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF II INDICATED. NOTWITHSTANDING ANY REQUIF CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POL	REMENT, IN, THE I LICIES. LI	TERM OR CONDITION OF ANY (INSURANCE AFFORDED BY THE IMITS SHOWN MAY HAVE BEEN	CONTRACT OR OTHER POLICIES DESCRIBE REDUCED BY PAID CI	R DOCUMENT \ D HEREIN IS SI _AIMS.	WITH RESPECT TO WHICH T	HIS				
INSR LTR TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$				
					MED EXP (Any one person)	\$				
A Y Protection & Indemnity		B5JH25067	10/16/2019	10/16/2020	PERSONAL & ADV INJURY	\$				
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$				
POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$				
OTHER:						\$ 1,000,00	0			
					COMBINED SINGLE LIMIT (Ea accident)	\$				
ANY AUTO					BODILY INJURY (Per person)	\$				
AUTOS ONLY AUTOS HIRED NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$				
AUTOS ONLY AUTOS ONLY					(Per accident)	\$ \$				
					EACH OCCURRENCE	\$				
DED RETENTION \$					AGGREGATE	\$\$				
WORKERS COMPENSATION					PER OTH- STATUTE ER	Φ				
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE					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	\$				
A Huli		B5JH25067	10/16/2019	10/16/2020	43' Bluefoot	\$140,000)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Vessels: 2011 "Bluefoot" \$140,000; 1974 12" FLZ Tender \$500; 2002 13' Boston Whaler \$4,000										
CERTIFICATE HOLDER			CANCELLATION							
Palyboy Marine Center 760 Taylor Lane			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Dania Beach		FL 33004		MB	Christin					
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DATE (MM/DD/YYYY) 10/22/2019

CI BI	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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	DUCER	the c	ertin		CONTAC		/eless					
-	Insurance Brokerage, Inc.				PHONE FAX							
) N 29th Ave				(A/C, No E-MAIL	mlovalass	@atlassinsura	(A/C, No):				
020					ADDRES	55:						
ЦаШ	wood			FL 33020		A (1 (' - /	SURER(S) AFFOR Specialty Ins C			NAIC #		
Hollywood FL 33020						NA.	Specially Ins C	0				
11150					INSURER B :							
						INSURER C :						
	8525 Bonita Isle Dr.				INSURER D :							
	Laka Wath			EL 22467	INSURER E :							
	Lake Worth			FL 33467	INSURE	RF:						
				NUMBER: 19-20 Master				REVISION NUMBER:	100			
IN CE	IIS IS TO CERTIFY THAT THE POLICIES OF I DICATED. NOTWITHSTANDING ANY REQUII ERTIFICATE MAY BE ISSUED OR MAY PERTA (CLUSIONS AND CONDITIONS OF SUCH PO	REME	NT, TE HE INS	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA POLICI	CT OR OTHER	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHICH T	HIS			
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
	COMMERCIAL GENERAL LIABILITY					<u>,</u>		EACH OCCURRENCE	\$			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$			
А	Protection & Indemnity			B5JH25067		10/16/2019	10/16/2020	PERSONAL & ADV INJURY	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
								PRODUCTS - COMP/OP AGG	\$			
	OTHER:							P&i	\$ 1,00	0,000		
								COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION \$							AGGREGATE	\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	φ			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$ \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
								E.L. DISEASE - POLICI LIMIT	Ъ.			
A	Hull			B5JH25067		10/16/2019	10/16/2020	43' Bluefoot	\$140	0,000		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more s	bace is required)					
	sels: 2011 "Bluefoot" \$140,000; 1974 12" Fl	Z Ter	nder \$	500; 2002 13'								
Bos	ton Whaler \$4,000											
CEF	TIFICATE HOLDER				CANC	ELLATION						
PROOF OF INSURANCE					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHOR	RIZED REPRESE	NTATIVE					
							200	11.1.				
	1				MB Chuitin							

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PRODUCER	the c	ertin	cate nonder in neu of such	CONTAG	()	/eless					
RSC Insurance Brokerage, Inc.				NAME: PHONE (A/C, No			FAX				
3250 N 29th Ave				E-MAIL	mlovalass	@atlassinsura	(A/C, No):				
				ADDRES	55:				NAIC #		
Hollywood			FL 33020	INSURE	A.(L.,	Specialty Ins C			NAIC #		
INSURED					NA.		-				
BlueFoot LLC	INSURER B : INSURER C :										
8525 Bonita Isle Dr.					INSURER D :						
				INSURER E :							
Lake Worth			FL 33467	INSURER F :							
COVERAGES CER	TIFIC	ATE	NUMBER: 19-20 Master				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF				ISSUED	TO THE INSU			IOD			
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH PC	AIN, TH	HEINS	SURANCE AFFORDED BY THE	E POLICI	ES DESCRIBE	D HEREIN IS S					
INSR		SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
LTR TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD			(MM/DD/YYYY)	(דדדיש שיווייה)	EACH OCCURRENCE	\$			
CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
							MED EXP (Any one person)	\$			
A Protection & Indemnity			B5JH25067		10/16/2019	10/16/2020	PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
							PRODUCTS - COMP/OP AGG	\$			
OTHER:							P&i	\$ 1,00	0,000		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
ANY AUTO							BODILY INJURY (Per person)	\$			
OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$			
HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
							(\$			
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
DED RETENTION \$								\$			
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)							E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
A			B5JH25067		10/16/2019	10/16/2020	43' Bluefoot	\$140	0,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL			01. Additional Remarks Schedulo	may be a	tached if more o	ace is required)					
Vessels: 2011 "Bluefoot" \$140,000; 1974 12" F Boston Whaler \$4,000	•			may be a	lached if more s	ace is required)					
CERTIFICATE HOLDER				CANC	ELLATION						
School Board of Palm Beach C 3300 Forest Hill Boulevard	ounty			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					DBEFORE		
							- 1				
West Palm Beach			FL 33406			1	Christin				
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	DUCER				CONTAC	()	/eless				
	C Insurance Brokerage, Inc.				PHONE FAX						
	50 N 29th Ave				(A/C, No E-MAIL	mlovalass	@atlassinsura	nce.com			
020					ADDRES	55:					
Hollywood FL 33020						A (1	SURER(S) AFFOR Specialty Ins C			NAIC #	
	•			TE 33020	INSURE	NA.		0			
INSURED						RB:					
	BlueFoot LLC				INSURE	RC:					
	8525 Bonita Isle Dr.				INSURER D :						
					INSURER E :						
	Lake Worth			FL 33467	INSURE	RF:					
				NUMBER: 19-20 Master				REVISION NUMBER:			
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES OF I IDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, TI	nt, te He ins	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLICI	ACT OR OTHER	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY	1130				(EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
А	Protection & Indemnity	Y		B5JH25067		10/16/2019	10/16/2020	PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC								э \$		
								PRODUCTS - COMP/OP AGG	⇒ \$1,00	0.000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	-,	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	у \$		
								EACH OCCURRENCE	\$		
	CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$							PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A	Hull			B5JH25067		10/16/2019	10/16/2020	43' Bluefoot	\$140	0,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is named as additonal insured as respects to the operations of the named insured. Vessels: 2011 "Bluefoot" \$140,000; 1974 12" FLZ Tender \$500; 2002 13' Boston Whaler \$4,000											
					CANC						
CERTIFICATE HOLDER CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. The School Board of Broward County, Florida 600 SE Third Ave., 11th Floor AUTHORIZED REPRESENTATIVE) BEFORE		
	Ft. Lauderdale			FL 33301			200	Christin			
				IL 33301			MA	autin			

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