	CERTIFICATE OF INSURANCE		DATE (1)			
PRODUCER:			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
			COMPANIES AFFORDING COVERAGE			
			Company A (3)			
			Company A (3)			
INSURED: (2)			Company B			
			Company C			
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE THE 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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
(4)	X COMMERCIAL GENERAL LIABILITY	(5)	(6)	(6)	EACH OCCURRENCE	\$1,000,000
()	X OCCURRENCE FORM	(1)			DAMAGE TO RENTED PREMISE	\$50,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$1,000,000
ı					PRODUCTS-COMP/OP AGG.	\$1,000,000
(7)	EXCESS LIABILITY	(5)	(6)	(6)	EACH OCCURRENCE	
	UMBRELLA LIABILITY				AGGREGATE	
(8) OTHER						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS: (9) PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS IS ENDORSED AS AN ADDITIONAL INSURED ON COMMERCIAL GENERAL LIABILITY. (Event						
Name and Dates) CERTIFICATE HOLDER CANCELLATION (10)						
(11) SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAY WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON TH COMPANY, ITS AGENTS OR REPRESENTATIVES.						
Lake Worth, FL 33461 AUTHORIZED REPRESENTATIVE (12) MUST BE SIGNED						