ACORD	ED	TIC						MPLE	DATE	(MM/DD/YYYY)	
CERTIFICATE OF LIABILITY INSURANCE Date (MMUDU/TTT) 07/01/2020 07/01/2020 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 The Beacon Group, Inc.	CONTACT NAME: PHONE (561) 004 0004 FAX (561) 007.7087										
6001 Broken Sound Pkwy.,N.W.					(A/C, No, Ext): (301) 994-9994 (A/C, No): (301) 997-7087 E-MAIL ADDRESS:						
Suite 500	INSURER(S) AFFORDING COVERAGE					NAIC #					
Boca Raton	INSURER A: ABC Insurance Company										
INSURED Sample Named Insured	INSURER B: 123 Insurance Company										
Street Address											
City State Zip Code					INSURER D :						
	(2)	INSURER E :									
COVERAGES CER	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)		LIMIT	s		
COMMERCIAL GENERAL LIABILITY			Check			1				^{)0,000} (7)	
		V	Effective	(5) 1	(5)		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,		,000		
		X	and Expiration				MED EXP (Any one person) \$ 5,00		(0)		
			¹²³⁵⁶⁴ Dates	\rightarrow	07/01/2020	07/01/2021	PERSONAL & ADV I	NJURY	\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:	:					(6)			00,000 (9)		
POLICY PRO- JECT LOC			(4)				PRODUCTS - COMP/OP AGG \$ 1,00		00,000		
		+-+					COMBINED SINGLE LIMIT \$ 500		000		
		V	Verify				(Ea accident) \$ 500 BODILY INJURY (Per person) \$,000	
	X	X	5436579 Coverage		07/01/2020	07/01/2021			\$		
AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY UMBRELLA LIAB OCCUR			Limits		01/01/2020	0770172021	PROPERTY DAMAGE		\$		
							(Per accident) \$				
							EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE									\$		
DED RETENTION \$							AGGREGATE		\$		
WORKERS COMPENSATION							PER STATUTE	OTH- ER	–		
AND EMPLOYERS' LIABILITY Y/N (11) ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN	•	\$		
(1) OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
(12) Participant Coverage			123456		07/01/2020	07/01/2021	Limit		\$25,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)					
(15) Blank or Description of Operations											
CERTIFICATE HOLDER					CANCELLATION						
School Board of Palm Beach County 3300 Forest Hill Boulevard					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						

(13)

3300 Forest Hill Boulevard West Palm Beach, FL 33406

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(14)

AUTHORIZED REPRESENTATIVE