



ZURICH

### Zurich American Insurance Company Equipment Breakdown Protection Coverage Form Declarations

|                         |   |                       |   |
|-------------------------|---|-----------------------|---|
| <b>Issuing Company:</b> | Zurich American Insurance Company                           | <b>Producer Name:</b> | Risk Placement Services<br>2 Pierce Place, Floor 20<br>Itasca, IL 60143 |
| <b>Policy Number:</b>   | BM 9376560-06   | <b>Premium:</b>       | \$5,460   |
| <b>Coverage:</b>        | Equipment Breakdown including<br>Jurisdictional Inspections | <b>Participation:</b> | 100% of Program Limits as Listed Below                                  |

|                       |   |   |
|-----------------------|---|---|
| <b>Policy Period:</b> | <b>From:</b><br>03/01/2010<br>(12:01 AM standard time at your mailing address<br>shown above) | <b>To:</b><br>03/01/2011<br>(12:01 AM standard time at your mailing address<br>shown above) |
|-----------------------|---|---|

**Named Insured and Mailing Address:**  
 City of Pompano Beach  
 100 W. Atlantic Ave.  
 Pompano Beach, FL 33060-6099

**Covered Premises:** See Endorsement 1

#### Coverages and Limits:

Insurance applies only to a coverage for which a Limit of Insurance, a number of Days/Hours or the word INCLUDED is shown. If INCLUDED is shown, then the limit for that coverage is part of the Limit per Breakdown.

| <b>Coverage:</b>   | <b>Limit of Insurance:</b> | <b>Days/Hours:</b>  |
|--|----------------------------|---|
| <b>Property Damage:</b>                                  | \$50,000,000               |   |
| <b>Expediting Expense:</b>                               | Included                   |   |
| <b>Business Income and Extra Expense:</b>                | Included                   |   |
| <b>Extra Expense Only:</b>                               | Excluded                   |   |
| <b>Extended Period of Restoration:</b>                   |                            | 30 days   |
| <b>Data or Media:</b>                                    | \$500,000                  | 30 days   |
| <b>Spoilage Damage:</b>                                  | Included                   |   |
| <b>Utility Interruption:</b>                             | Included                   | Coverage applies only if the<br>interruption of services lasts at<br>least: 4 hours |
| <b>Newly Acquired Premises:</b>                          | Included                   | 30 days   |
| <b>Ordinance or Law Coverage:</b>                        | \$1,000,000                |   |
| <b>Errors and Omissions:</b>                             | Included                   |   |
| <b>Brands and Labels:</b>                                | Included                   |   |
| <b>Contingent Business Income and Extra<br/>Expense:</b> | \$250,000                  |   |
| <b>Contingent Extra Expense Only:</b>                    | No Coverage Provided       |   |

**Coverage Limitations:**

Unless a higher limit or INCLUDED is shown, the most we will pay for direct damage to covered property is \$25,000 (\$15,000 for Fungus, Wet Rot and Dry Rot) for each of the following. These limits are part of, not in addition to, the Property Damage Limit per Breakdown.

|   |                    |
|---|--------------------|
| <b>Fungus, Wet Rot and Dry Rot:</b>   | <b>\$15,000</b>    |
| <b>Fungus, Wet Rot and Dry Rot - Business Income and Extra Expense or Extra Expense Only:</b> | <b>30</b> days     |
| <b>Ammonia Contamination:</b>   | <b>Included</b>    |
| <b>Consequential Loss:</b>  | <b>Included</b>    |
| <b>Data and Media:</b>  | <b>\$500,000</b>   |
| <b>Hazardous Substances:</b>  | <b>\$2,000,000</b> |
| <b>Water Damage:</b>  | <b>Included</b>    |

**Conditions and Optional Coverages:**

|  |                                   |
|--|-----------------------------------|
| <b>Business Income Report Date:</b>            | <b>03/01/2010</b>                 |
| <b>Business Income Annual Value:</b>           | <b>On File</b>                    |
| <b>Business Income Coinsurance Percentage:</b> | <b>Coinsurance does not apply</b> |
| <b>Diagnostic Equipment:</b>                   | <b>Excluded</b>                   |
| <b>Omnibus Location Endorsement:</b>           | <b>Included</b>                   |
| <b>Buried Vessels and Piping:</b>              | <b>Included</b>                   |

**Special Provisions:****Deductibles:**

The deductible applies only to a coverage for which an amount, hours, days or the word INCLUDED is shown. If INCLUDED is shown, then the deductible for that coverage is part of the Combined Deductible.

| <b>Deductible Description:</b>                   | <b>Deductible Amount:</b>                         |
|--|---|
| <b>Property Damage:</b>                          | <b>\$1,000</b>                                    |
| <b>Business Income and Extra Expense:</b>        | <b>Included within Property Damage Deductible</b> |
| <b>Extra Expense Only:</b>                       | <b>No Coverage Provided</b>                       |
| <b>Spoilage Damage:</b>                          | <b>Included within Property Damage Deductible</b> |
| <b>Contingent Business Income/Extra Expense:</b> | <b>Included within Property Damage Deductible</b> |
| <b>Ammonia Contamination:</b>                    | <b>Included within Property Damage Deductible</b> |

**Forms, Endorsements and Schedules:**

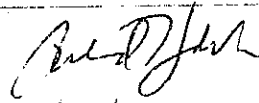
**Form, Endorsement, Schedule  
Number:**

EB 00 20 08 08  
IL 17 11 98  
U-GU-630-C  
U-GU-766-A  
U-GU-767-A  
U-GU-319-F (01/09)  
IL 02 55 09 08  
U BMS 180

**Form, Endorsement, Schedule Description:**

Equipment Breakdown Protection Coverage Form  
Common Policy Conditions  
Disclosure of Important Information Relating to Terrorism Risk Insurance Act  
Notification of Important Changes Relating to Terrorism Risk Insurance Act  
Cap on Losses from Certified Acts of Terrorism  
In Witness Clause  
Florida Changes - Cancellation and Nonrenewal  
Omnibus Location Description - Endorsement 1

**Authorized Signature:**



**Date Signed:**

3/12/10

**LEXINGTON INSURANCE COMPANY**

**Administrative Offices: 100 Summer Street, Boston, Massachusetts 02110-2103  
(hereinafter called the Company)**

**MANUSCRIPT DOMESTIC PROPERTY POLICY  
DECLARATIONS**

Policy Number: 017728007

Renewal of: 017727795

**Item 1. Named Insured: CITY OF POMPANO BEACH**

**Address: 100 WEST ATLANTIC BLVD.  
POMPANO BEACH, FL 33060**

**Item 2. Policy Period:**

From: 03/01/2010 To: 03/01/2011

(At 12:01 A.M. Standard Time at the address of the Named Insured shown above.)

**Item 3. Limit of Liability: \$ 7,500,000**

(Maximum Limit of Liability in any one Occurrence)

**Item 4. Premium:**

Total Premium: \$ 416,130

Minimum Earned Premium: \$ 145,646

**Item 5. Perils:**

\$7,500,000 PART OF \$10,000,000 PRIMARY PER OCCURRENCE


**Item 6. Description of Property Covered:**

ALL REAL AND PERSONAL PROPERTY INCLUDING IMPROVEMENTS & BETTERMENTS,  
ACCOUNTS RECEIVABLE, VALUABLE PAPERS, FINE ARTS, ELECTRONIC DATA PROCESSING  
EQUIPMENT/MEDIA, MISCELLANEOUS UNNAMED LOCATIONS, TRANSIT, AND AS MORE FULLY  
DEFINED IN THE POLICY FORM

Coinsurance: NIL

**Item 7. Mortgage Clause: Loss, if any shall be payable to:**

**Item 8. Forms Attached: See attached forms schedule**



Authorized Representative OR  
Countersignature (In states where applicable)



# Commercial Property Declarations



Company: **Westchester Surplus Lines Insurance Company**  
 SYM: **FS**      Policy ID: **D3737586A 001**

|                 |   |                 |
|-----------------|---|-----------------|
| <b>Location</b> | <input checked="" type="checkbox"/> Schedule on file with Company <input type="checkbox"/> See attached Schedule CPs2 |                 |
|                 | <b>Loc. No.</b>   | <b>Bld. No.</b> |
|                 | <b>Address</b>  |                 |
|                 |   |                 |

| <b>Coverages and Limits Provided</b> | Insurance At Described Location Applies Only For Coverages For Which A Limit Of Liability Is Shown |          |                              |                             |                |                       |
|--------------------------------------|--|----------|------------------------------|-----------------------------|----------------|-----------------------|
|                                      | Loc. No.   | Bld. No. | Coverage                     | Covered Causes of Loss Form | Co-Insurance % | Limit of Insurance \$ |
|                                      | All  | All      | Buildings, Personal Property | See                         | NIL            | \$2,500,000           |
|                                      |  |          |                              | Broker                      |                | per                   |
|                                      |  |          |                              | Manu-                       |                | occurrence            |
|                                      |  |          |                              | script                      |                | part of               |
|                                      |  |          |                              | Form                        |                | \$10,000,000          |
|                                      |  |          |                              |                             |                | per                   |
|                                      |  |          |                              |                             |                | occurrence            |
|                                      |  |          |                              |                             |                |                       |

|                   |  |
|-------------------|--|
| <b>Deductible</b> | \$100,000. per occurrence ( SEE BROKER MANUSCRIPT DEDUCTIBLE SECTION ) |
|-------------------|--|

|                                      |   |
|--------------------------------------|---|
| <b>Special Deductible Provisions</b> | <input type="checkbox"/> See Multiple Deductible Form <input type="checkbox"/> See Windstorm or Hall % Deductible Form<br><input type="checkbox"/> See Hurricane % Deductible<br>( SEE BROKER MANUSCRIPT DEDUCTIBLE SECTION ) |
|--------------------------------------|---|

|                          |   |   |
|--------------------------|---|---|
| <b>Coverage Options:</b> | The following coverage options are provided where indicated by an x or entry:   |   |
|                          | Building  | <input type="checkbox"/> Agreed Value Exp. Date <input checked="" type="checkbox"/> Replacement Cost  |
|                          | Personal Property   | <input type="checkbox"/> Agreed Value Exp. Date<br><input type="checkbox"/> Replacement Cost ( <input type="checkbox"/> Inc. Stock ) ( <input type="checkbox"/> Inc. Personal Property of Others )<br><b>EXCEPT; Actual Cash Value for Automobile and Contractors Equipment</b> |
| Business Income:         | <input type="checkbox"/> Monthly Limit of Indemnity <input type="checkbox"/> Maximum Period of Indemnity<br><input type="checkbox"/> Extended Period of Indemnity    Days |   |

|                                   |   |
|-----------------------------------|---|
| <b>Attached Forms Information</b> | <input checked="" type="checkbox"/> Refer to Forms Schedule CPfs2 |
|-----------------------------------|---|

**COMMON POLICY DECLARATIONS**



COMPANY NAME: Landmark American Insurance Company

BRANCH ADDRESS: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160

POLICY NO.: LHD366030 RENEWAL OF: LHD361173

NAMED INSURED AND MAILING ADDRESS: PRODUCER:  
City of Pompano Beach  
(Name Incomplete - as per Primary Policy)  
100 W. Atlantic Blvd.  
Pompano Beach, FL 33060

POLICY PERIOD: From 03/01/2010 To 03/01/2011 12:01 A.M. Standard Time at your Mailing Address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**



**ACE American Insurance Company**  
**436 Walnut Street**  
**Philadelphia, PA 19106**

**POLICY NO: EUT NO 50 88 48 3**

**ACE USA PROPERTY**

**DECLARATIONS**

Commission: 12%

Service Office: Atlanta, Georgia

**Insured:** City of Pompano Beach  
**Address:** 100 West Atlantic Blvd.  
 Pompano Beach, FL 33060

**Producer:** Risk Placement Services, Inc.  
**Address:** 2400 Lakeview Parkway, Suite 675  
 Alpharetta, GA 30009

**Policy Period:** From 03/01/2010 at 12:01 A.M. to 03/01/2011 at 12:01 A.M. Standard Time at place of issuance.

To the extent that coverage in this policy replaces coverage in other policies terminating at noon standard time on the inception date of this policy, coverage under this policy shall not become effective until such other coverage has terminated.  
 The insurance afforded is only with respect to the specific part and coverages therein, the full title of which is set forth below the caption "Form."

| PERILS INSURED                            | COVERAGE PROVIDED                      | FORM                                   | LIMIT OF LIABILITY   | PREMIUM (Gross Annual) |
|---|--|--|--|------------------------|
| AS PER FORMS AND ENDORSEMENTS ATTACHED    | AS PER FORMS AND ENDORSEMENTS ATTACHED | AS PER FORMS AND ENDORSEMENTS ATTACHED | \$35,000,000 per occurrence excess of various deductibles. | \$221,740.00           |
|   |  |  | CERTIFIED TERRORISM<br>NON-CERTIFIED TERRORISM             | \$0.00<br>\$0.00       |
| AGENT: STARR TECHNICAL RISKS AGENCY, INC. |  |  | <b>TOTAL</b>   | <b>\$221,740.00</b>    |

Endorsements attached to policy at inception: Common Policy Conditions (IL00171198), Commercial Property Conditions (CP00900788), OFAC Advisory Notice to Policyholders (ILP0010104) SEE SCHEDULE OF FORMS AND ENDORSEMENTS ATTACHED

Surcharges at inception:

|   |                   |
|---|-------------------|
| Florida Citizens Property Insurance Corporation Emergency Assessment: | \$3,104.36        |
| Florida Fire Marshall:  | \$221.74          |
| Florida Hurricane Catastrophe Fund Assessment:                        | \$2,217.40        |
| Florida State Property Surcharge:                                     | \$4.00            |
| <b>TOTAL SURCHARGES:</b>  | <b>\$5,547.50</b> |

*Thomas James Wynn*  
 Signature of Authorized Agent

Atlanta, Georgia

3/31/10

This Declaration and Form(s), with Policy Standard Conditions and Endorsements, if any, issued to form a part thereof, completes the above numbered policy.



**Meadowbrook Insurance**  
8250 Bryan Dairy Road, Suite 100  
Largo, FL 33777  
Tel: (800) 604-9273  
for information, assistance, inquiries  
on coverage or claims

## PUBLIC ENTITY EXCESS LIABILITY POLICY DECLARATIONS

Producer Name and Mailing Address: Arthur J. Gallagher Risk Management Services, Inc.  
2255 Glades Rd., Suite 400E  
Boca Raton, FL 33431

Renewal of: CP 02678 96

Policy No.: CP 05136 41

Named Insured and Mailing Address: City of Pompano Beach  
100 W. Atlantic Boulevard  
Pompano Beach, FL 33060

Policy Period: From 3/1/10 to 03/1/11 at 12:01am Standard Time at your mailing address shown above

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Only a Coverage Form marked below with an "X" is part of this policy on its effective date:

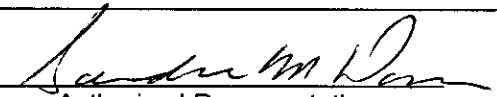
- Excess General Liability
- Excess Automobile \*1 Any Auto
- Excess Workers' Compensation

Defense Costs/Claims Expenses are included in the Limit:

|   |  |                     |
|---|--|---------------------|
| Limit of Insurance:   | Each Accident or Occurrence Limit            | <u>\$2,000,000.</u> |
|   | Policy Aggregate Limit                       | <u>\$4,000,000.</u> |
|   | Workers' Compensation                        | <u>\$Statutory</u>  |
| Self-Insured Limit Retention  | <u>As Per General Endorsement SNS GEN 01</u> |                     |
| Advanced Premium  |  |                     |
| <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Adjustable (see Premium Adjustment Endorsement) |  | <u>\$163,400</u>    |
|   | Florida Hurricane Catastrophe Fund           | <u>\$ 1,634</u>     |
|   | Total Amount Due                             | <u>\$165,034</u>    |

Endorsements attached to this Policy: JCL 00 01; 4563 IL; 0915 IL; CA 00 01; CA 0267; CG 00 01; CG 0220; CG 2135; CG 2425; IL 0017; IL 0021; SNS 1002; SNS 1005; SNS 1007; SNS 1010; SNS 1011; SNS 1014; SNS 1016; SNS 1019; SNS GEN 01; SNS GEN 02.

Countersigned: \_\_\_\_\_

By   
Authorized Representative