



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/25/2025

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 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 ACE INSURANCES 3513 NW 19TH STREET, LAUDERHILL, FL, 33311 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): 19549904672 | FAX (A/C No): |
| | E-MAIL ADDRESS: aceinsurances@att.net | |
| | PRODUCER CUSTOMER ID : | |
| | INSURER(S) AFFORDING COVERAGE | |
| | NAIC # | |
| INSURED Sports Marketing Program Management Inc. THE VOICE OF THE CARIBBEAN 3520 WEST BROWARD BLVD #219 FT LAUDERDALE, FL, 33351 | INSURER A : Texas Insurance Company | |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES**CERTIFICATE NUMBER:** A-SP-SU-25-04-30-340277 379729**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MMDDYYYY) | POLICY EXP (MMDDYYYY) | LIMITS | |
|----------|--|-----------------------------------|----------|---------------------------|-----------------------|-----------------------|---|-------------------------|
| A | GENERAL LIABILITY | Y | N | BESGLPTNV011301_170012_02 | 05/25/2025 | 05/27/2025 | EACH OCCURRENCE | \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | FIRE DAMAGE TO PREMISES RENTED (Any one premises) | \$ 300,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (any one person) | \$ 5,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000.00 |
| | GENERAL AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 3,000,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000.00 |
| | | | | | | | MEDICAL PAYMENTS (participants) | \$ 25,000.00 |
| | | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | | | | | | AGGREGATE | \$ |
| | DEDUCTIBLE | | | | | | | \$ |
| | RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y / N <input type="checkbox"/> | N / A | | | | WC STATUTORY LIMITS | OTHER |
| | E.L. EACH ACCIDENT | | | | | | \$ | |
| | E.L. DISEASE - EA EMPLOYEE | | | | | | \$ | |
| | E.L. DISEASE - POLICY LIMIT | | | | | | \$ | |
| A | OTHER Abuse/Molestation | Y | N | BESGLPTNV011301_170012_02 | 05/25/2025 | 05/27/2025 | Each Occurrence: \$ 25,000.00 | Aggregate: \$ 50,000.00 |

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

Liability Policy Deductible: \$0.00 Deductible for Bodily Injury and \$ 1000.00 per Property Damage Claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. The certificate holder is named as Additional Insured with respect to (continued on next page)

CERTIFICATE HOLDERCITY OF LAUDERHILL
5581 WEST OAKLAND PARK BLVD.
LAUDERHILL, FL, 33319**CANCELLATION**

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

Mark Di Perno

| | | |
|--|--------------------|--|
| AGENCY c earle enterprises one inc | | NAMED INSURED THE VOICE OF THE CARIBBEAN |
| POLICY NUMBER BESGLPTNV011301_170012_02 | | |
| CARRIER Texas Insurance Company | NAIC CODE 16543 | 3520 WEST BROWARD BLVD #219 FT LAUDERDALE, FL, 33351 |
| | | EFFECTIVE DATE: 05/25/2025 |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period. RE: Registered Soccer participants: 05/25/2025 - 05/27/2025;