

Exhibit 1

Hallandale Beach Eruv Proposal

Updated 12/12/17



Eruv Definition

An eruv is a virtual enclosure that some Jewish communities employ in their neighborhoods to enable Jewish residents or visitors to carry certain objects outside their homes on Sabbath and Yom Kippur.

The eruv allows Sabbath observant Jews to carry, among other things, house keys, tissues, medication, or babies with them, and to use strollers and canes. The presence or absence of an eruv thus especially affects the lives of people with limited mobility and those responsible for taking care of babies and young children.



South Florida communities with an active eruv

Aventura

Bal Harbour

Boca Raton

Boca Raton North

Boynton Beach

Coconut Grove

Cooper City

Coral Springs

Deerfield Beach

Delray Beach

Ft. Lauderdale

Highland Lakes

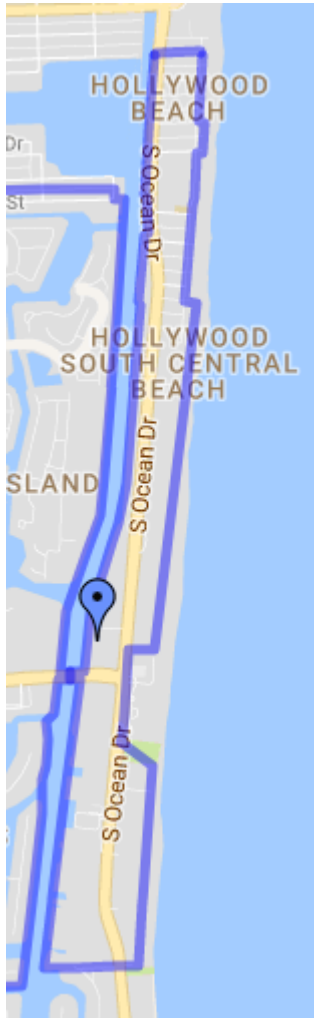
Hollywood/Fort Lauderdale

Miami Beach

North Miami Beach

Parkland

Sunny Isles Beach



Residents who will benefit

After the installation of Phase 1 and Phase 2, illustrated in subsequent slides, all residents of the barrier island, from County Line Road in the south to Keating Park in the north will be included in the Eruv boundaries. **While Phase 1 and Phase 2 require minimal installations, the remaining proximity is delineated by natural boundaries and requires no additional modification.**

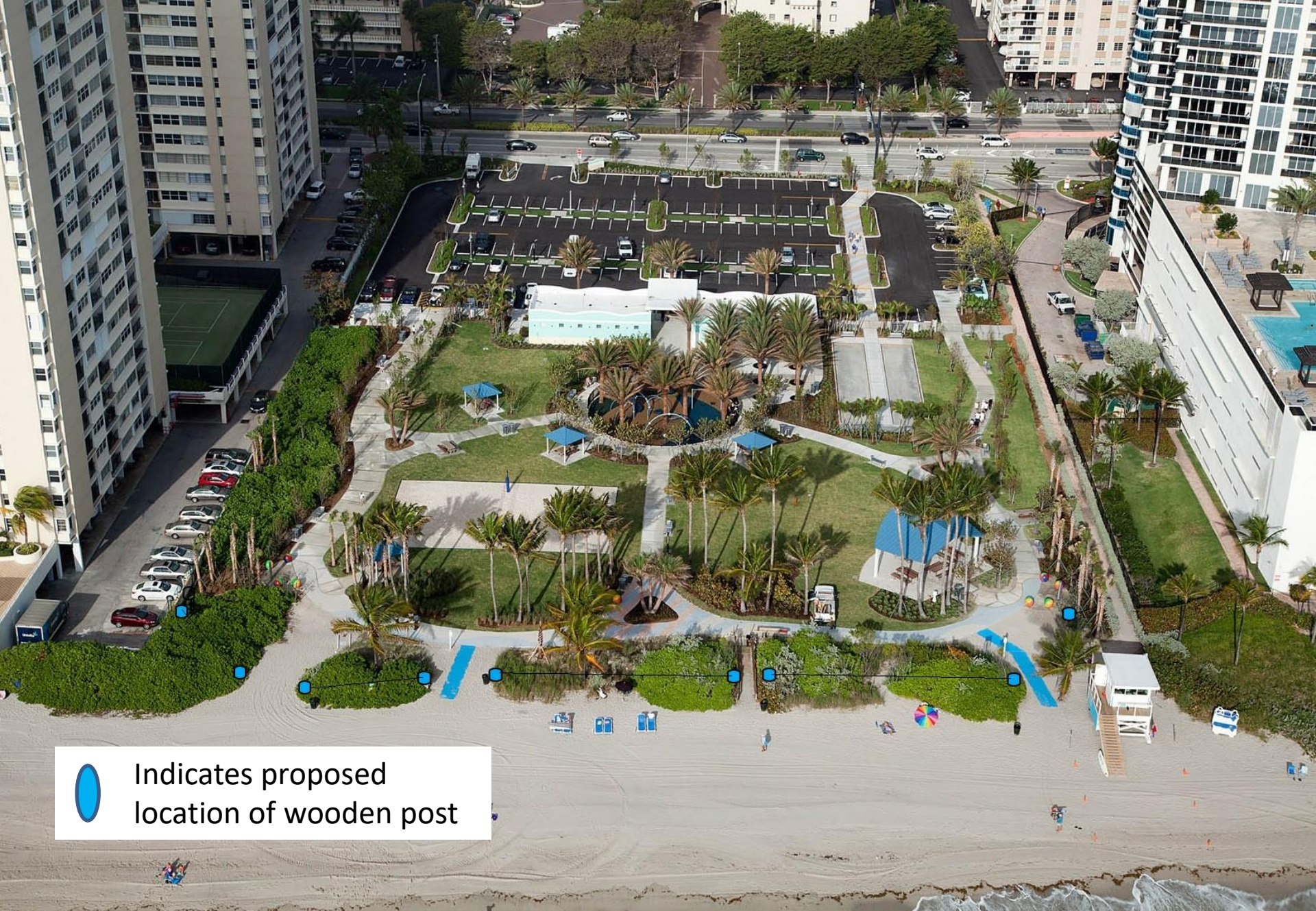
Required Installations


In order to create an eruv in our community, several wooden posts, which shall not exceed 6' in height, will be installed in South City Beach Park. The low height and wooden material will ensure that the posts blend in with existing vegetation and remain as subtle as possible. A thin string will be run between some of the posts, securely tied to the top of each. The string will not intersect any walkways or driveways, but will be restricted to areas not trafficked by pedestrians or vehicles. (See map of required posts in Phase 1 slide.)

A similar plan will be employed in North City Beach Park with the goal of remaining subtle in appearance and non-obstructive to pedestrians and vehicles. (See map of required posts in Phase 2 slide.)

All work will be performed by a licensed and insured contractor and the entire project will be inspected on a weekly basis, as is required by Jewish law. The full cost of installation and subsequent inspections will be funded by the local Jewish community. Construction plans prepared by Bernardo Coiffman, PE are enclosed.

Phase 1 – South City Beach Park



 Indicates proposed location of wooden post

Phase 2 – North City Beach Park



Indicates proposed location of wooden post

Insurance and Future Liability

Our organization is incorporated and will bear any future liability arising from the proposed structure. We plan to secure general liability insurance with limits of \$25K per occurrence / \$50K aggregate (the same coverage held by The Miami Beach Eruv Council). Sample certificate of insurance enclosed.



SHABCO1

OP ID: D1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2017

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 Riemer Insurance Group Hallandale Branch PO Box 250 Hallandale, FL 33008-0250 Moshe Marvin		800-742-1691	CONTACT NAME: Moshe Marvin PHONE (A/C, No, Ext): 800-742-1691 FAX (A/C, No): 954-454-9552 E-MAIL ADDRESS:
INSURED SHABBOS COMMITTEE OF THE BEACHES, LLC 611 NE 170TH STREET NORTH MIAMI, FL 33181		INSURER(S) AFFORDING COVERAGE INSURER A: Covington Specialty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 13027	

COVERAGES CERTIFICATE NUMBER: 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)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TBD			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

Proof of Insurance

-----, -----

PROOF OF

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

Moshe Marvin