



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/16/2024

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 Acentria Insurance 1607 NW 136 Avenue, Suite B-200 Sunrise FL 33323	CONTACT NAME: PHONE (A/C. No. Ext): 954-735-5500		FAX (A/C. No.):
	E-MAIL ADDRESS: requests@acentria.com		
INSURED Trio Development Corporation 1701 NW 22 Court Pompano Beach FL 33069	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : StarStone Specialty Insurance Company		44776
	INSURER B : Vantage Risk Assurance Company		23752
	INSURER C : Imperium Insurance Company		10120
	INSURER D : Technology Insurance Company, Inc.		42376
	INSURER E : Houston Specialty Insurance		12203
INSURER F : GuideOne National Insurance Company		14167	

COVERAGES

CERTIFICATE NUMBER: 1159076666

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
E	<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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CON-HS-GL-0000631-00	7/11/2024	7/11/2025	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 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> PIP \$10,000.	Y		CON-IIC-CA-0000624-00	7/11/2024	7/11/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CSX00033427P-06	7/11/2024	7/11/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
D	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	N/A	TWC4449667	7/11/2024	7/11/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B B F	Contractor Equipment Installation Floater Pollution Liability			IMA-24005227-01 IMA-24005227-01 ENV562009795-02	7/11/2024 7/11/2024 5/12/2024	7/11/2025 7/11/2025 5/12/2025	Scheduled Equip limit 1,831,456 Installation Floater 500,000 Pollution Liab Limit 1,000,000

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

Certificate Holder is Additional Insured to General Liability coverage for ongoing and completed operations coverage and Additional Insured to Auto Liability coverage when required by written contract. General Liability coverage is primary and non-contributory when required by written contract. Waiver of Subrogation applies to General Liability, Auto Liability, and Workers Compensation coverages when required by written contract. Subject to the terms, conditions and exclusions of the policy.

Contractor Equipment: Policy: IMA-24005227-01 Effective: 07/11/2024-07/11/2025 -Equipment Leased/Rented: \$250,000 maximum item
 City of Hollywood is named as additional insured with respects to the general liability and auto liability.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood
 Department of Public Utilities
 1715 N 21 Avenue
 Hollywood FL 33020

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

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From: [Certificate of Insurance](#)
To: [Maria Gonzalez](#); [Certificate of Insurance](#)
Subject: FW: [EXT]RE: TRIO Request for Updated Certificate of Insurance (COI)
Date: Tuesday, July 30, 2024 3:00:18 PM
Attachments: [TRIO Certificate.pdf](#)
[image001.png](#)

Acceptable. Thanks

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Tuesday, July 30, 2024 9:43 AM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: RE: [EXT]RE: TRIO Request for Updated Certificate of Insurance (COI)

Good morning,

Here is the updated COI for your review.

Thank you,

Maria Gonzalez
954 921 3046 ext 5422

From: Certificate of Insurance <COI@hollywoodfl.org>
Sent: Monday, July 15, 2024 4:57 PM
To: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Subject: FW: [EXT]RE: TRIO Request for Updated Certificate of Insurance (COI)

Not acceptable

1. Auto Liability - the City must named as an Additional Insured in the Description of Operations Box

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Monday, July 15, 2024 2:24 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Subject: FW: [EXT]RE: TRIO Request for Updated Certificate of Insurance (COI)

Good afternoon,

Please approve the attached COI from Trio Development Corporation. Trio repairs Water, Wastewater, and Stormwater pumping stations.

Thank you.

Maria Gonzalez
954 921 3046 ext 5422

From: alicia triodevelopment.com <alicia@triodevelopment.com>
Sent: Monday, July 15, 2024 2:04 PM
To: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Subject: RE: [EXT]RE: TRIO Request for Updated Certificate of Insurance (COI)

Maria,

Please see the attached.

Thank you.

Alicia Richards
Trio Development Corporation
954-971-2288
Fax: 954-971-0030
alicia@triodevelopment.com

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Monday, July 15, 2024 10:49 AM
To: alicia triodevelopment.com <alicia@triodevelopment.com>; larry triodevelopment.com <larry@triodevelopment.com>
Subject: RE: [EXT]RE: TRIO Request for Updated Certificate of Insurance (COI)

Good morning Alicia,

I hope you are doing well.

Do you have the updated COI?

Thank you,

Maria Gonzalez
954 921 3046 ext 5422

From: alicia triodevelopment.com <alicia@triodevelopment.com>
Sent: Wednesday, June 26, 2024 8:56 AM
To: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>; larry triodevelopment.com <larry@triodevelopment.com>
Cc: Jaime Castillo <JCASTILLO@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>
Subject: [EXT]RE: TRIO Request for Updated Certificate of Insurance (COI)

Maria,

We do not have it yet. Once received it will be forwarded.

Thank you.

Alicia Richards
Trio Development Corporation
954-971-2288
Fax: 954-971-0030
alicia@triodevelopment.com

From: Maria Gonzalez <MAGONZALEZ@hollywoodfl.org>
Sent: Wednesday, June 26, 2024 8:34 AM
To: larry triodevelopment.com <larry@triodevelopment.com>
Cc: alicia triodevelopment.com <alicia@triodevelopment.com>; Jaime Castillo <JCASTILLO@hollywoodfl.org>; Daniela Behm <DBEHM@hollywoodfl.org>
Subject: TRIO Request for Updated Certificate of Insurance (COI)

Good morning,

I hope this message finds you well. I am writing to inform you that the Certificate of Insurance (COI) we have on file is due to expire on July 11, 2024. Kindly send us the updated COI at your earliest convenience.

Thank you for your prompt attention to this matter.

Thank you,

Maria R Gonzalez
Administrative Specialist II
Underground Utilities
Department of Public Utilities
1715 N 21 Avenue
Hollywood, Florida 33020
Phone: 954-921-3046 Ext #5422



Maria Gonzalez
Administrative Specialist II
City of Hollywood
Public Utilities

P.O. Box 229045
Hollywood, FL 33022-9045
Office:
E-mail: MAGONZALEZ@hollywoodfl.org



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