

## Inez Murphy

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**From:** Betzaida Cambero  
**Sent:** Wednesday, May 7, 2025 12:52 PM  
**To:** Stephanie Gardner  
Robert Delorimiere; Inez Murphy;  
**Cc:** Jennie Dennett; Certificate of Insurance  
**Subject:** Fw: DEBRIS TECH, LLC  
**Attachments:** scan\_sgardner@hollywoodfl.org\_2025-05-05-06-19-23.pdf

Acceptable.

**Betzaida Cambero**  
Risk Management Analyst  
Office of Human Resources  
**P.O. Box 229045**  
**Hollywood, FL 33022**

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**Email:** [bcambero@HollywoodFL.org](mailto:bcambero@HollywoodFL.org)  
**Telephone:** 954-921-3639

[www.HollywoodFL.org](http://www.HollywoodFL.org)



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**From:** Stephanie Gardner  
**Sent:** Monday, May 5, 2025 6:23 AM  
**To:** Certificate of Insurance  
**Cc:** Robert Delorimiere; Inez Murphy; Jennie Dennett  
**Subject:** DEBRIS TECH, LLC

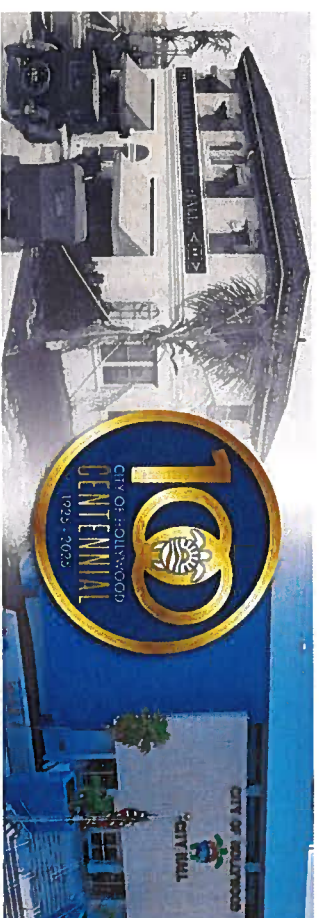
Scope of service  
Debris removal

**Stephanie Gardner**  
Administrative Assistant I  
Public Works  
**P.O. Box 229045**  
**Hollywood, FL 33022**

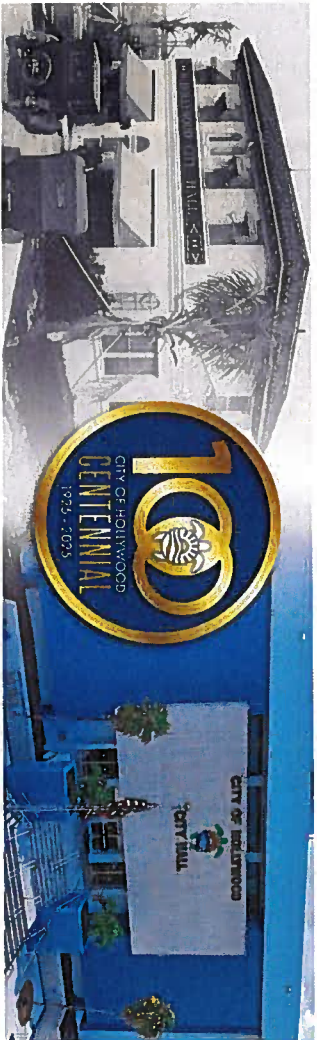
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**Email:** [SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)  
**Telephone:** 954-967-4526 ext. 5513

[www.HollywoodFL.org](http://www.HollywoodFL.org)



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood, including but not limited to, email, text, and social media, is subject to public records requests.



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/2/2025

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 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  
Arthur J. Gallagher Risk Management Services, LLC  
13th St 4th floor  
Gulfport MS 39501

CONTACT  
NAME: Sawyer Hudson  
PHONE (A/C, No, Ext): 601-554-7336 FAX (A/C, No):  
E-MAIL: sawyer\_hudson@ajg.com  
ADDRESS:

INSURED  
DebrisTech, LLC  
923 Goodyear Blvd  
Picayune MS 39466

DEBRINC-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Old Republic Insurance Company	24147
INSURER B: Scottsdale Insurance Company	41297
INSURER C: Spinnaker Insurance Company	24376
INSURER D: Everspan Indemnity Insurance Company	16882
INSURER E:	
INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 828609118

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	ADOL SUBR INSD 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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	MWZY31808625	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 400,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	MWTB31808725	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y Y	XLS2007039	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
A	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/A	MWC31808525	5/1/2025	5/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Internet/Cyber Liability		FLYCB1HTFR5DG5004	12/22/2024	12/22/2025	Cyber Aggregate 2,000,000
D	Professional/Pollution Liability		AAEP001006251	5/1/2025	5/1/2026	Prof Per Claim / Agg 2,000,000

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

THE FOLLOWING COVERAGES/PROVISIONS/ENDORSEMENTS ARE PROVIDED TO CERTIFICATE HOLDER(S), ANY PERSON(S) OR ORGANIZATION(S) ONLY WHEN THE NAMED INSURED HAS AGREED TO DO SO IN A WRITTEN CONTRACT/AGREEMENT

General Liability:

Blanket Additional Insured (Form CG2010 1219 & CG2037 1219) coverage provided applying on a primary and non-contributory basis (Form CG2001 1219).

Blanket Waiver of Subrogation (Form CG2453 1219)

Liability assumed in an "Insured Contract" as defined by Coverage Form CG0001 0413

Per Project General Aggregate Limit (Up to \$5,000,000) CG2503 0509 & IL10 1206

30 Day Notice of Cancellation Endorsement

See Attached...

## CERTIFICATE HOLDER

## CANCELLATION

City of Hollywood;  
1600 S. Park Rd  
Hollywood FL 33021

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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

<b>AGENCY</b> Arthur J. Gallagher Risk Management Services, LLC		<b>NAMED INSURED</b> DebrisTech, LLC 923 Goodyear Blvd Picayune MS 39466
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

**Automobile Liability:**  
Blanket Additional Insured (Form CA2001 1120) coverage provided on a Primary & Non-Contributory basis  
Blanket Waiver of Subrogation (Form CA0443 1120)  
30 Day Notice of Cancellation Endorsement

**Workers Compensation:**  
Blanket Waiver of Subrogation (Form WC000313)  
30 Day Notice of Cancellation Endorsement

**Umbrella:**  
Coverage is excess follow form of scheduled underlying policies: General Liability, Automobile Liability and Employers Liability (Workers Compensation)

**Professional (Errors & Omissions) Liability - Claims Made Form**  
\*Includes Pollution Liability  
Deductible: \$75,000 Each Claim / \$225,000 Aggregate  
Retroactive Date: Full Prior Acts