

## Jennie Dennett

---

**From:** Certificate of Insurance  
**Sent:** Thursday, November 20, 2025 3:00 PM  
**To:** Jennie Dennett; Certificate of Insurance  
**Cc:** Daniel Mell; Lawrence Pedrosa; Stephanie Gardner; William Varandas  
**Subject:** FW: COI Maverick Elevator  
**Attachments:** Maverick COI Umbrella & Liability.pdf; For City of Hollywood from Maverick United Elevator (1).pdf; Maverick Elevator Auto COI.pdf; Maverick United Elevator CM Memo PR-25-121.pdf

**Importance:** High

Acceptable x3

**Certificate of Insurance**



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.

---

**From:** Jennie Dennett <JDENNETT@hollywoodfl.org>  
**Sent:** Thursday, November 20, 2025 2:48 PM  
**To:** Certificate of Insurance <COI@hollywoodfl.org>  
**Cc:** Daniel Mell <DMELL@hollywoodfl.org>; Lawrence Pedrosa <LPEDROSA@hollywoodfl.org>; Stephanie Gardner <SGARDNER@hollywoodfl.org>; William Varandas <WVARANDAS@hollywoodfl.org>  
**Subject:** FW: COI Maverick Elevator  
**Importance:** High

The BPA PA601090  
Please see pages 14 and 15 of the CM Memo.  
I submitted this back on November 6<sup>th</sup>.  
Scope of work: Elevator maintenance, annual inspection, repairs, and services.  
Thanks,  
Jennie

**Jennie Dennett**  
Administrative Assistant I  
Public Works

---

**Email:** [JDENNETT@hollywoodfl.org](mailto:JDENNETT@hollywoodfl.org)

---

**Telephone:** [754-329-0506](tel:754-329-0506)

**From:** Jennie Dennett <[JDENNETT@hollywoodfl.org](mailto:JDENNETT@hollywoodfl.org)>

**Sent:** Thursday, November 6, 2025 10:10 AM

**To:** Certificate of Insurance <[COI@hollywoodfl.org](mailto:COI@hollywoodfl.org)>

**Cc:** Stephanie Gardner <[SGARDNER@hollywoodfl.org](mailto:SGARDNER@hollywoodfl.org)>; Lawrence Pedrosa <[LPEDROSA@hollywoodfl.org](mailto:LPEDROSA@hollywoodfl.org)>; Daniel Mell <[DMELL@hollywoodfl.org](mailto:DMELL@hollywoodfl.org)>

**Subject:** COI Maverick Elevator

Hello,  
Scope of work: Elevator maintenance, annual inspection, repairs, and services.  
Thanks,  
Jennie

**Jennie Dennett**

Administrative Assistant I

Public Works

**P.O. Box 229045**

**Hollywood, FL 33022**

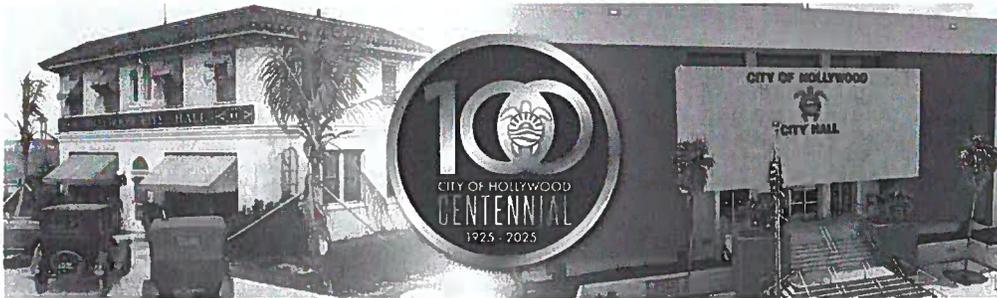
---

**Email:** [JDENNETT@hollywoodfl.org](mailto:JDENNETT@hollywoodfl.org)

**Telephone:** [754-329-0506](tel:754-329-0506)

---

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



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.





MAVEUNI-01

ROROLFS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/5/2025

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).

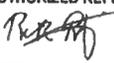
<b>PRODUCER</b> Rolfs Insurance Services, Inc. 10011 Pines Boulevard, Suite 201 Pembroke Pines, FL 33024	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (954) 251-3312 <b>FAX (A/C, No):</b> (954) 241-6772 <b>E-MAIL ADDRESS:</b> info@rolfsinsurance.com
<b>INSURED</b>  Maverick United Elevator LLC 4200 SW 54th Ave Davie, FL 33314	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Kinsale Insurance Company <b>NAIC #</b> 38920 <b>INSURER B:</b> Landmark American Insurance Co <b>33138</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>X</b> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <b>X</b> OCCUR	<b>X</b>	0100213013-3	11/4/2025	11/4/2026	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
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <b>X</b> PRO-JECT      LOC OTHER:					
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO OWNED AUTOS ONLY      SCHEDULED AUTOS					
	HIRED AUTOS ONLY      NON-OWNED AUTOS ONLY					
<b>B</b>	<b>X</b> UMBRELLA LIAB <b>X</b> OCCUR					EACH OCCURRENCE \$ 5,000,000
	<b>X</b> EXCESS LIAB      CLAIMS-MADE		LHA609831	11/4/2025	11/4/2026	AGGREGATE \$ 5,000,000
	DED      RETENTION \$					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE      OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Hollywood is included as an additional insured for General Liability as required by written contract.

<b>CERTIFICATE HOLDER</b>  City of Hollywood Public Works 1600 S. Park Rd. Hollywood, FL 33021	<b>CANCELLATION</b>  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 
---	---

